

REQUEST FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION
BY NON SECURE MEANS

AUTHORIZE: Marsha Magun
Creative Counseling and Coaching LLC
marshamagun@gmail.com
203-675-3739
7 Whitney Street Ext
Westport, Ct 06880

(Name of client).

TO TRANSMIT TO ME BY NON-SECURE MEDIA THE FOLLOWING TYPES OF PROTECTED HEALTH INFORMATION RELATED TO MY HEALTHCARE RECORDS AND HEALTHCARE TREATMENT:

Â· Information related to scheduling of meetings or other appointments

Â· Information related to billing or payment (but not to include any financial or claims -related identifiers including, but not limited to, credit card numbers, diagnosis codes, or procedure codes.)

TERMINATION:

This termination will terminate ___ days after the date listed below. OR
this termination will terminate when the following event occurs _

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand I may terminate this authorization at at any time.

I understand that Marsha Magun makes available to me the following means of communication that are designed to be secure and to maintain confidentiality, and still choose to request and authorize the above-named non- secure means:

A· Secure texting app for smartphones. app: WhatsApp.

Signature of client.

Date