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Consent to Email or Text Protected Health Information

Farrar and Associates will only transmit Protected Health Information (PHI) to unsecured email accounts or phone numbers if written consent has been obtained from the patient or the patient's guardian.

PHI is any information which identifies the patient or is contained in the medical record. Farrar and Associates takes precautions to secure the confidentiality of PHI within our records system and network. However, we cannot ensure the security of PHI sent by email or text once it leaves our system. Any PHI sent to unsecured accounts could potentially be viewed by or redistributed to others without the patient's consent. Secure means of transmitting written PHI include secure fax, the U.S. Postal Service, and the Patient Portal.

have specifically provided. I understand t a request in writing to Farrar and Associa	•	e this consent at any time b	oy submitting
email address	and/or	phone number	
By signing below, I acknowledge that I do security or confidentiality of health inforn information or records be sent through a accept full responsibility for any potentia	nation sent by e potentially inse	mail or text. I have request cure channel, understand t	ed that he risk, and
Print Patient Name	Patient Signa	ature (ages 14 and older)	 Date
Print Parent/Legal Guardian Name (Please complete this line if the complete this line is the com		Legal Guardian Signature ears old or has a legal guardian)	Date