

Consent for Non-Secure Electronic Communications

It may become useful during the course of treatment to communicate by email, text message or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with Donna Ignelzi-Ferraro PhD there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. These kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages.
- Your employer, if you use your work email to communicate with Donna Ignelzi-Ferraro PhD
- Third parties on the Internet such as server administrators and others who monitor Internet traffic.

Consent for Transmission of Protected Health Information by Non-Secure Means

I authorize Donna Ignelzi-Ferraro PhD

To transmit the following protected health information related to my health records and health care treatment:

- Information related to the scheduling of meetings or other appointments
- Information related to the billing and payment
- Completed forms, including forms that may contain sensitive, confidential information
- Information of a therapeutic or clinical nature, including discussion of personal material relevant to my treatment
- My health record, in part or in whole, or summaries of material from my health record

By the following non-secure media:

- Unsecured email. Email address:
- Text message. Phone number:
- Other media. Describe:

This authorization will terminate 6 months after termination of services. 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 that I may terminate this authorization at anytime.

Signature of Patient _____

Donna Ignelzi-Ferraro PhD

32828 Reba Road Suite A Millville, DE 19967

Phone 410-430-5754