

Consent for Email and/or Text Message Communication

Email and text messaging allows health care providers to exchange information efficiently for the benefit of our patients. At the same time, we recognize that email and text messaging are not a completely secure means of communication because these messages can be addressed to the wrong person or accessed improperly while in storage or during transmission.

HIPAA requires that providers take reasonable steps to protect against these risks but acknowledges that a balance must be struck between the need to secure protected health information (PHI) and the need to ensure that clinicians can efficiently exchange important patient care information. My practice has implemented such measures through obtaining informed consent from patients using any potentially unencrypted electronic format.

Please practice discretion and best judgment when using email or text messaging. Most common and appropriate uses of these forms of communication include:

- 1) Scheduling or rescheduling of appointments
- 2) Prescription related issues
- 3) Brief clinical questions
- 4) Billing related communication - including the sending of invoices and Superbills

Email or text messaging should not be used for:

- 1) Emergency situations. Under these circumstances, call 911
- 2) Disclosure of sensitive information that should otherwise be discussed during regular appointments

If you would like to use email and/or text messages that may contain your protected health information please complete and sign this Consent below. You are not required to authorize the use of email and/or text messaging and a decision not to sign this authorization will not affect your health care in any way. If you prefer not to authorize the use of email and/or text messaging I will continue to use U.S. Mail or telephone to communicate with you.

Signature

Date

Name (please print)

Personal email address where Blair Wellness Group, A Professional Psychological Corporation may send you your health information (please print)

Telephone number where Blair Wellness Group, A Professional Psychological Corporation may text you your health information (please print)

BLAIR WELLNESS GROUP, A PROFESSIONAL PSYCHOLOGICAL CORPORATION
Dr. Cassidy Blair, Psy.D.

Credit Card Processing Agreement

Name:

Payor's Name (if different than the above): _____

Credit Card Number

Security Code (3 digits for Visa, MC, Discover; 4 digits for Amex) / Expiration Date / Billing Zip Code

Email address or text message phone number for transaction receipts

I hereby authorize Blair Wellness Group, A Professional Psychological Corporation. to use the above credit card, including circumstances where the credit card is not present. This credit card can be used to pay for services rendered and for any outstanding balances on this client/patient's account. Charges will be made for services as described in the "Fee Schedule," including fees for scheduled appointments, charges for missed appointments or late cancelations, and for fees associated with services provided outside of scheduled appointment times. This authorization is good through the credit card expiration date.

If charges are disputed and reported to your credit card company, I agree to allow Blair Wellness Group, A Professional Psychological Corporation. to contact my credit card company and disclose the purposes of the disputed charges, which may include information regarding attendance or cancellations of appointments.

Authorized Signature Date