



**Request For Use of Non-Secure Means of Communication**

I, \_\_\_\_\_ AUTHORIZE: Colette Lord PhD.  
Client name Clinician

To transmit to me, by non-secure media, the following types of protected health information (PHI) related to my health records and health care treatment, please initial all that apply:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment (but not to include any financial or claims-related identifiers including, but not limited to, credit card numbers, insurance plan numbers, diagnosis codes, or procedure codes.)
- I strongly advise against sending any personal information via non-secure media

TERMINATION

This authorization will terminate when the following event occurs:

- upon verbal/written request by you
- upon termination of current working relationship
- or other as requested by you

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 any time.

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

- Encrypted email through use of me@ColetteLordPhD.com*
- Encrypted contact form through the website www.ColetteLordPhD.com*
- Secure texting through the iPlum app on your smartphone*

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date