

Mary Determan MSW, LLC

5757 W. Oklahoma Ave. #203 Milwaukee, WI 53219-4303

AUTHORIZATION FOR ELECTRONIC COMMUNICATION

As a convenience to me, I hereby request that Mary Determan MSW, LLC and/or my treating providers communicate with me regarding my treatment by Mary Determan MSW, LLC staff via electronic communications (e-mail, phone calls, voicemail, and text message). I understand that this means Mary Determan MSW, LLC staff may transmit my protected health information such as information about my appointments, diagnosis, medications, progress, and other individually identifiable information about my treatment to me via electronic communications.

I understand there are risks inherent in the electronic transmission of information by e-mail, phone calls, or voicemail, on the internet, via text message, or otherwise, and that such communications may be lost, delayed, intercepted, corrupted or otherwise altered, rendered incomplete or fail to be delivered. I further understand that any protected health information transmitted via electronic communications pursuant to this authorization will not be encrypted or password protected. As the electronic transmission of information cannot be guaranteed to be secure or error-free and its confidentiality may be vulnerable to access by unauthorized third parties, Mary Determan MSW, LLC and/or my treating providers shall not have any responsibility or liability with respect to any error, omission, claim or loss arising from or in connection with the electronic communication of information between Mary Determan MSW, LLC staff and me.

Please note that your provider may route your email, text, or voicemail messages to other staff members for informational purposes or for expediting a response. As such, designated staff may receive your electronic messages. During emergencies you should contact 911.

This authorization does not allow for electronic transmission of my protected health information to third parties, and I understand I must execute a separate authorization for my protected health information to be disclosed to third parties.

I understand that in the event I no longer wish to receive electronic communications from Mary Determan MSW, LLC, I may revoke this authorization by providing written notice to Mary Determan MSW, LLC at 5757 W Oklahoma Ave Ste 203, Milwaukee, WI 53219, or via fax at 414-431-6401.

I HAVE BEEN PROVIDED NOTICE OF THE RISKS INHERENT IN THE USE OF ELECTRONIC COMMUNICATIONS. I HEREBY AUTHORIZE MARY DETERMAN MSW, LLC STAFF TO COMMUNICATE ELECTRONICALLY WITH ME.

Printed Name of Client: _____

Signature of Client: _____ Date: _____

Printed Name of Parent/Guardian/Legal Representative (if applicable): _____

Signature of Parent/Guardian/Legal Representative (if applicable): _____

Relationship to Client: _____ Date: _____