

CONSENT FOR PROFESSIONAL COMMUNICATION

In compliance with federal privacy laws (HIPAA), Memory Partners LLC may use and disclose your personal health information (PHI) to other health care providers or people to improve the integration of care.

EMAIL and TEXT

- Regular email and texting is not a secure or confidential medium for sensitive information
- When we send you regular email or text, we will use the email address(es) and number you list below
- ***We have an encrypted email service that we can use to send private health information***

We consider and protect all of your therapy related communications with us as private and confidential.

Please list all of the people you authorize Memory Partners to share (receive and give) therapy related information: put your name on first line.

Name	Relationship	Type of communication: <i>check all that apply</i>
(self)		___ Email ___ Voicemail ___ Text
		___ Email ___ Voicemail ___ Text
		___ Email ___ Voicemail ___ Text
		___ Email ___ Voicemail ___ Text
		___ Email ___ Voicemail ___ Text

I Agree that I may change my communication preferences at any time and will notify Memory Partners LLC therapist and sign a new Communication Consent Form.

I understand that this list will be presumed valid and Memory Partners LLC may rely on it until I have notified them in writing of any changes.

Signature of patient or DPOA/Guardian: _____

DATE: _____