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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 numbers you list below
- ***We have an encrypted email service that we can use to send private health information***

We consider all of your documented therapy related communications with us as private and confidential and use an encrypted email service to share medical record chart information.

Please list Providers and Family/People you authorize Memory Partners to share (receive and give) therapy related information.

Name	Relationship	Number or Email

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.

Signature of patient or DPOA/Guardian: _____

DATE: _____

