

Authorization for Electronic Communication

As a convenience to me, I hereby request that JLS Counseling LLC communicate with me regarding my treatment via electronic communications including e-mail and text message. I understand that this means JLS Counseling LLC and/or my treating providers may transmit my protected health information such as information about my appointments and other necessary information about my treatment to me via electronic communications.

I understand there are risks inherent in the electronic transmission of information by e-mail, 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. 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, JLS Counseling LLC 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 by JLS Counseling to me.

After being provided notice of the risks inherent in use of electronic communications, I hereby expressly authorize JLS Counseling to communicate electronically with me, which may include the transmission of my protected health information electronically. I understand that in the event I no longer wish to receive electronic communications from JLS Counseling LLC, I may revoke this authorization by providing written notice.

I agree that JLS Counseling LLC may communicate with me electronically unless and until I revoke this authorization by submitting notice to JLS Counseling LLC in writing. 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 hereby authorize the transmission of my protected health information electronically as described above.