

Uniquely You Denver Counseling, LLC
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**CONSENT FOR COMMUNICATION OF PROTECTED HEALTH
INFORMATION BY UNSECURE TRANSMISSIONS**

This consent form is for the communication of Protected Health Information (“PHI”) that Uniquely You Denver Counseling, LLC and Molly Jaques, LPCC may transmit without the written authorization of the client as described in the Uses and Disclosure section of Uniquely You Denver Counseling, LLC’s Notice of Privacy Policies.

I, _____, hereby consent and authorize Uniquely You Denver Counseling, LLC and Molly Jaques to communicate my PHI through the following unsecure transmissions (please initial all your choices):

_____ Cellular/Mobile Phone this includes text messaging & voicemails
(Please Insert Cell Phone Number: _____)

_____ Unsecured Email

(Client’s Email: _____ Send Receive

Therapist’s Email: _____ Send Receive)

Please Circle One: Work Personal

_____ Appointment/Scheduling Reminder System (Therapy Appointment, Office Ally, Google voice)

_____ Other Media:

(Please describe: _____)

_____ I do not wish to have my protected health information transmitted electronically. Should we agree to communicate by the approved communications listed above, i.e. text, email, telephone, or any other electronic method of communication, confidentiality extends to those communications. However, Uniquely You Denver Counseling, LLC and Molly Jaques, LPCC cannot guarantee that those communications will remain confidential.

Even though Uniquely You Denver Counseling, LLC and Molly Jaques, LPCC may utilize state of the art encryption methods, firewalls, and/or back-up systems to help secure our communication, there is a risk that the electronic or telephone communications may be

compromised, unsecured, and/or accessed by an unintended third-party. There is never a 100% guarantee

information will remain confidential when transmitted electronically.

I, _____, understand that Uniquely You Denver Counseling, LLC and Molly Jaques, LPCC may use and disclose the following PHI without

my written authorization. However, I consent to Uniquely You Denver Counseling, LLC and Molly Jaques, LPC

transmitting the following PHI by the above selected electronic communications (please initial all your choices):

_____ Information related to scheduling/appointments

_____ Information related to billing and payments

_____ Information related to your mental health treatment (this may contain personal materials, forms, suggested articles, homework, etc.)

_____ Information related to Uniquely You Denver Counseling, LLC or Molly Jaques's operations

_____ Other Information; Please Describe: _____

I further understand that if I initiate communication via electronic means that I have not specifically

consented to in this form, I will need to amend this consent form so that my therapist may communicate

with me via that method.
