

Please sign, date and email to [glennmarronphd@gmail.com](mailto:glennmarronphd@gmail.com) or bring to me in person

### HIPAA – Telehealth Consent

For those of you who use any form of electronic communication with me, including email, text, Zoom and What'sApp sessions, please read the following and sign if this is acceptable to you.

HIPAA laws are the laws related to privacy rights of your personal health information (PHI) shared with me as your clinician. As well, it's necessary to protect information that gets transmitted to your insurance companies, doctors, and others to whom you give consent. HIPAA laws are extensive and cover issues as varied as how patient and clinician can communicate among themselves and with others, and the nature of the information communicated.

It is necessary to inform you that in any use of electronic forms, there always is the potential of hacking and/or other access to personal information by third parties. HIPAA information was given to you in the forms you signed early on when beginning therapy. I encourage you to read more about this topic as well, which can be accessed easily on the Web. And I do encourage you to ask me further questions if you have any concerns, both prior to signing this and once this is in effect.

Name \_\_\_\_\_ Date \_\_\_\_\_