

Jan Gallagher, LMHC
Licensed Mental Health Counselor

**PROTECTED HEALTH INFORMATION (PHI)
AND
INFORMED CONSENT FOR TREATMENT**

1. **CELL PHONES:** I will utilize the convenience of texting and voicemail by way of **cell phones** for making appointments once permission has been granted below. I will not use our cell phones to share any PHI about your treatment. If you prefer not to utilize our cell phones, as they are not absolutely HIPAA compliant, note below and we can use email only.

2. **EMAIL:** For all correspondence, please use my new HIPAA compliant email: **jan@jangallagher.hush.com**. All of your information is sent encrypted and your PHI will be secure. If you would rather decline, then your PHI will only be shared in paper format or in person.

3. **TELEHEALTH:** If both parties agree, telehealth sessions may be included in this consent for treatment. If agreed, the confidentiality of the client's location during a session will be the responsibility of the client. The pros and cons of telehealth services can be discussed at any time.

4. **SOCIAL MEDIA:** Please be assured I do not look up any of my clients on the internet. In addition, if you should find me online and request communication, I will decline in order to protect your privacy.

I have read this form carefully and understand the risks and responsibilities associated with the use of internet communication and my Protected Health Information. In this regard, I agree to assume all risks associated with the use of cell phones and other internet communication.

I agree to use cell phone texting/voicemail for setting up appointments **only**: Yes ___ No ___

I agree to use Jan's HIPAA secure email, jan@jangallagher.hush.com for correspondence which will secure my Protected Health Information: Yes ___ No ___

If yes, my email address is: _____

By signing below, I agree with the above statements regarding my Protected Health Information. I also consent to the treatment I will receive as a client with Jan Gallagher, LMHC.

Signature of Client

Date

Signature of Parent (if client is a minor)

Date