Michael Karp, M.A.
Licensed Marriage and Family Therapist

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at 760-913-9003.

If you have any questions about my *Notice of Privacy Practices*, please contact me at: 12115 Mesa Verde Drive, Valley Center, CA 92082; phone 760-913-9003.

I acknowledge receipt of the *Notice of Privacy Practices* of Michael Karp, LMFT, LPCC.

Signature: _____ Date: _____
(patient/parent/conservator/guardian)

Communication by Email, Text Message, & Other Non-Secure Means

It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate with me
- Third parties on the Internet such as server administrators and others who monitor Internet traffic

If there are people in your life that you don't want accessing these communications, please talk with me about ways to keep your communications safe and confidential.

I consent to allow *Michael Karp* to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment
- Information of a therapeutic nature, i.e. discussion of personal material relevant to my treatment

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

_____ _____
(Signature of client) Date

12115 Mesa Verde Drive * Valley Center, CA 92082
760-913-9003 * mkarp845@yahoo.com