

Authorization for Electronic Communication

As a convenience to me, I authorize Directed Paths, LLC to communicate with me regarding my treatment via electronic communications (email or telehealth services) and to transmit my protected health information electronically as described below.

I understand there are risks inherent in the electronic transmission of information by email or text message:

- Such communication does not provide a completely secure means of communication.
- Any protected health information transmitted via electronic communications pursuant to this authorization may not be encrypted.
- Electronic transmission of information cannot be guaranteed to be secure or error-free.
- Data may be vulnerable to access by unauthorized third parties.

As such, Directed Paths, 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 Directed Paths, LLC to me.

Telehealth Communication: ☐ Yes ☐ No

Authorized phone
number(s): _____

Email Communication: ☐ Yes ☐ No

Authorized email
address(es): _____

Other: ☐ Yes ☐ No

Authorized service(s):

Your treatment does not depend on consent. You have the right to terminate or amend this agreement at any time.

I understand that Directed Paths, LLC may transmit my protected health information electronically as described above unless and until I revoke or amend this authorization by submitting notice to Directed Paths, 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.

Patient Name

Signature

Date

