

Amy L. Luzar, MSSA, LISW-S. 19910 Malvern Rd. Rm 221. Shaker Hts., OH 44122. 216.973-9976.

Amy Luzar, MSSA, LISW-S

AUTHORIZATION FOR ELECTRONIC COMMUNICATION

As a convenience to me, I hereby request that Amy Luzar, LISW-S communicate with me regarding my treatment via electronic communications (e-mail or text message). I understand that this means Amy Luzar, LISW-S will transmit via electronic communication my protected health information (PHI) which will include information about my appointments, diagnosis codes and CPT (type of service) codes that are necessary for the purpose of creating invoices and receipts. Carefully read the Authorization for Electronic Communication found on the forms page at: <https://amyluzar.com/office-forms>.

Amy Luzar, LISW-S uses the email address amy@amyluzar.com which is HIPAA compliant; however, for scheduling and general emails, it is not encrypted. Invoices and receipts will only be sent via email. Text messaging is neither HIPAA compliant nor encrypted. I understand there are risks inherent in the electronic transmission of information by e-mail, on the internet, via text message, or otherwise, and that such communications may be lost, delayed, intercepted, corrupted or otherwise altered, rendered incomplete or fail to be delivered. I further understand that any protected health information transmitted via electronic communications pursuant to this authorization will not be encrypted. As the electronic transmission of information cannot be guaranteed to be secure or error-free and its confidentiality may be vulnerable to access by unauthorized third parties, Amy Luzar, LISW-S 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 Amy Luzar, LISW-S to me.

After being provided notice of the risks inherent in use of electronic communications. I hereby expressly authorize Amy Luzar, LISW-S to communicate electronically with me, which will include the transmission of my protected health information electronically. I understand that in the event I no longer wish to receive electronic communications from Amy Luzar, LISW-S, I may revoke this authorization by providing written notice to Amy Luzar, LISW-S 19910 Malvern Rd. Shaker Hts., OH 44122 or fax at (216) 991-5472.

I agree that Amy Luzar, LISW-S may communicate with me electronically unless and until I revoke this authorization by submitting notice to Amy Luzar, LISW-S 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.

Commented [1]: I added in your heading this morning :)

Commented [2]: This is your authorization for electronic communication you can edit as needed in word and save as a pdf.

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I hereby authorize the transmission of my protected health information electronically and give consent to participate or for the minor client to participate in tele-mental health with Amy Luzar, LISW-S as described above.