

Exceptional Minds Counseling, LLC
Melinda G. Bauer, MSW, LISW-S
9200 Montgomery Rd., Bldg. H, Unit 25B
Cincinnati, Ohio 45242

CONSENT FOR ELECTRONIC COMMUNICATION

- I agree to be contacted by Melinda G. Bauer, MSW, LISW-S via/Secure Email and/or cellular phone machine in regard to scheduling and providing my healthcare services. I understand that Melinda G. Bauer will exercise due diligence in protecting privacy of my health information when using email or cellular phone by:
 - Using Secure Email
 - Password protected cell phone
 - keeping messages to a minimum
- I understand that there are risks associated with cell phone use such as: cellular phones have radio transmitters that make it easy for calls to be intercepted, intentionally, or inadvertently.
- I understand that electronic communication should NOT be used in the case of a need for emergency care
- I understand that refusal of this consent will not affect my ability to obtain treatment.
- I understand that by providing an Email address, cell phone #, and fax #. I attest that I control access to information sent to this address and number.
- I understand that Melinda G. Bauer will not solicit my Email address, Secure email/Portal access account passwords, and I acknowledge that protecting password and maintaining it will be my sole responsibility.
- I understand that I may revoke this consent at any time by providing Melinda G. Bauer with a verification of my identity and requesting that my current email address be removed from the system.
- I authorize Melinda G. Bauer to communicate all of my health information via secure email, and cell phone including health information related to treatment for alcohol/or substance abuse, AIDS/HIV, communicable and non-communicable diseases, behavioral health and psychiatric care information.
- I understand that these services of electronic communication are offered solely at the discretion of Melinda G. Bauer and may be withdrawn to any patient at any time.
- I understand that this is not a request for release of my medical records.

I agree to the statements above and wish to have electronic communication sent to me by Melinda G. Bauer.

Receiving protected health information through non-encrypted email.

I understand that there may be some level of risk associated with sending the non-encrypted information in an email, as the email could be read by a third party. I understand that Melinda G. Bauer will not be responsible for unauthorized access to my protected health information while in transmission, and will not be responsible for safeguarding this information once it is delivered to me. Knowing the above, I authorize Melinda G. Bauer to send my protected health information to me without encryption (Initials).

Last Name: _____ First Name: _____

Date of Birth: _____ SSN (Last 4 digits): _____ Phone: _____

Signature: _____ Date: _____

