

**CONFIDENTIAL COMMUNICATIONS CONSENT FORM**

PC&CC/Imago Center is dedicated to protecting your health care information. Please read the following information concerning written, verbal, and electronic forms of communication. Indicate that you have read and understand the information and which forms of communication you authorize by initialing next to the statements below. We will not communicate any Protected Health Information (PHI) verbally, electronically, or written unless authorized.

**Please initial next to the statements below to authorize PC&CC/Imago Center to communicate PHI.**

\_\_\_\_\_ I authorize PC&CC/Imago Center to send invoices containing PHI to my email.

\_\_\_\_\_ I authorize PC&CC/Imago Center to send newsletters, information about workshops or groups to my email address.

\_\_\_\_\_ I authorize PC&CC/Imago Center to leave text or voice mail messages on my cell phone.

\_\_\_\_\_ I understand that cell phones, text messages and unencrypted email are not a secure form of communication.

Client Name \_\_\_\_\_ (please print)

Client Signature \_\_\_\_\_ Date \_\_\_\_\_