

NON-SECURE COMMUNICATION OF PROTECTED HEALTH INFORMATION (PHI)

Consent for nonsecure communication.

I understand that Dr. Sedillo utilizes devices that have secured encrypted email and texting. Despite that, I request that my treatment provided by Dr. Sedillo use nonsecure unencrypted email, text, and/or video messaging to communicate with me in the following manner:

Telehealth for providing services. (Video Audio/Visual sessions with Dr. Sedillo)

Communications regarding my appointments such as Text Messages, reminders, email, and phone calls. Limited communication regarding my treatment and for safety needs.

I request Dr. Andrew Sedillo utilize the following options for nonsecure communication with me:

1. Email
2. Text message.
3. Videoconferencing
4. Telephone, Telephone conferencing

I understand that nonsecure email and communication although unlikely, may be intercepted by persons other than the sender and recipient. I accept all liability for any/all consequence of using this nonsecure communication option. I release Dr. Andrew Sedillo from any and all liability for using nonsecure communication at my request. I understand that I am not required to sign this agreement in order to receive treatment. All applicable confidentiality protections continue to apply to the services. I continue to have access to all medical information from telehealth services. I understand that I may terminate this consent at any time. This consent will remain in effect during my current episode of care, or until I notify Dr. Sedillo in writing or by email. That I wish to revoke my permissions regarding this consent.

Important: this form does not pertain to any request for release of clinical records as those must be handled in accordance with HIPPA, Federal/State laws and statues. All requests for release of records are processed through Dr. Andrew Sedillo and his business manager with your explicit permission.