

**Disclaimer Regarding Less Secure Means of Communication**

I hereby grant permission to Learning Insights to email/text me by unencrypted means. Unencrypted means sent without a passcode, which is less secure than the communication would be if it were encrypted, that is, sent with a passcode.

My email address is: \_\_\_\_\_.

My text address is: \_\_\_\_\_.

I have been informed by Learning Insights of the risks, including but not limited to, loss of confidentiality, of transmitting my protected health information (PHI) by unsecured means.

I understand that I am not required to sign this agreement in order to receive services from the practice.

I understand that I may terminate this authorization at any time in writing to the extent that the practice has not already relied upon it.

I understand that the practice makes available to me the other means of communication, such as telephone and regular mail, that are designed to be more secure and to maintain confidentiality, and I still choose to request and authorize the above-named less secure means. Other more secure means include phone calls, regular mail and encrypted mail. The practice regularly uses encrypted mail to send draft reports, invoices and receipts to clients; however, the practice sends the final reports to clients via regular mail.

I understand that final reports typically are sent via certified mail unless I request otherwise.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date