



## Swan City Music Therapy, LLC

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### Swan City Music Therapy

#### Release of Information: HIPAA AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION 2024

##### CONSENT TO SEND & RECEIVE PHI THROUGH EMAIL & TEXT MESSAGING

The Health Insurance Portability and Accountability Act ("HIPAA") was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information. Health care providers, including allied health professionals such as music therapists, have access to our clients' medical information and must take certain measures to maintain client privacy. You/your child's medical information is stored electronically on password-protected HIPAA compliant software (including TheraNest), but our email is not encrypted. When we communicate with you through email or text message, the information that is sent is not encrypted. This means a third party may be able to access the information and read it since it is transmitted over the Internet. In addition, once the message is received by you, someone may be able to access your account and read it. HIPAA does not prohibit the use of email or text to send and receive PHI (protected health information), but states that in order to do so the patient must be informed of the risks and provide consent to use email/text to distribute PHI. In order to maintain privacy and limit the amount of PHI transmitted through email, Swan City Music Therapy will not include any PHI in subject lines, and you may also request that any attachments are password protected with a mutually agreed upon password.

By signing this form, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communications of e-mail/text between Swan City Music Therapy LLC and me, and consent to the conditions outlined herein, as well as any other instructions that Swan City Music Therapy LLC may impose to communicate with me by e-mail/text. Any questions I may have had were answered fully. I understand that this consent is valid and I may revoke the consent at any time in writing as outlined above, except to the extent that a person who is to make a communication has already acted in reliance upon this authorization.

##### ☐ **OPTION 1- ALLOW UNENCRYPTED EMAIL/TEXT COMMUNICATIONS**

By choosing Option 1, I am consenting to sending/receiving unencrypted email and/or text messages that may or may not contain PHI from my child's medical record.

- ☐ Attachments may be sent without an additional password
- ☐ I request that any attachments containing PHI are password protected before they are emailed to me.

Please use the following password: \_\_\_\_\_

##### ☐ **OPTION 2- DO NOT ALLOW UNENCRYPTED EMAIL/TEXT COMMUNICATIONS**

By choosing Option 2, I am denying to consent to sending/receiving unencrypted email/text messages that may contain PHI from my child's medical record. Any PHI must be transmitted through an encrypted source, such as the patient portal TheraNest.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date