



CONFIDENTIAL COMMUNICATIONS REQUEST FORM

White Lotus Wellness Center (WLWC) 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 understood the information by initialing next to the statements of communication you authorize. We will not communicate any Protected Health Information (PHI) verbally, electronically, or written unless authorized.

Please initial next to the statements below to authorize White Lotus Wellness Center (WLWC) to communicate PHI. I request that communications with WLWC be sent to me as follows:

_____ I authorize WLWC to send invoices containing PHI to my email.

_____ I authorize WLWC to leave text or voice mail messages containing PHI on my cell phone.

_____ I authorize WLWC to send newsletters, information about workshops or groups, and general information about WLWC to my email address.

_____ I understand that cell phones, text messages and unencrypted emails are not a secure form of communication.

Acknowledgement

Your signature below acknowledges you have read, understood, and consented to the forms of confidential communication you have initialized next to in the above statements.

This request is valid until I submit a revocation or a new request.

*Requests by some alternate manner may not be secure.

Client Name _____

(please print)

Client Signature _____ **Date** _____