

Authorization for Electronic/Technologic Communication Shawna V Carboni LICSW & LifeChange, LLC

As a convenience to me, I hereby give permission for Shawna V Carboni, LICSW & LifeChange, LLC to communicate with me via electronics and/or technologic of email, text message and phone. I understand that this may include the transmission of information about appointments, diagnosis, medications, progress and other individually information about my therapy.

I understand that there are inherent risks using text, email, the internet and the phone, and that such communications may not be encrypted and may be lost, delayed, intercepted, corrupted or otherwise altered, rendered incomplete or fail to be delivered and may be vulnerable to access by unauthorized parties.

Since I clearly and fully understand that the transmission of information cannot be guaranteed to be secure nor error-free as noted above, Shawna V Carboni, LICSW & LifeChange, LLC shall not have any responsibility nor any liability with respect to any error, omission, claim or loss arising from or in connection with the electronic and/or technologic communications of information exchanged with me or with persons I have given permission for her to communicate with.

I understand that in the event I no longer wish to receive from or exchange communications with Shawna V Carboni, LICSW & LifeChange, LLC, I may revoke this authorization by providing written notice to Shawna V Carboni, LICSW & LifeChange, LLC at PO Box 482, Brookline MA 02446-0004, or by confirmed email. I also understand that once I am no longer in treatment with Shawna V Carboni, LICSW that such authorization for the transmission of information about my treatment is discontinued unless I grant an extension for the coordination of my care.

I hereby authorize the communication about and the transmission of my protected health information as described and outlined above.

Printed Name _____

Signature _____ Date _____