

Authorization for Electronic Communication

Shawna V Carboni, LICSW & LifeChange, LLC

As a convenience to me, I hereby give permission for Shawna V Carboni, LICSW & LifeChange, LLC communicate with me via electronic communications of e-mail and text message. I understand that this may include the transmission of information about appointments, diagnosis, medications, progress and other individually identifiable information about my therapy.

I understand there are inherent risks using text, email and the internet, 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 third parties.

Since I clearly and fully understand that the electronic 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 or liability with respect to any error, omission, claim or loss arising from or in connection with the electronic communication of information exchanged with me or with someone I have given permission for her to communicate with.

I understand that in the event I no longer wish to receive from or exchange electronic 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 235 Cypress St, Suite 01C, Brookline MA 02445. I also understand that once I am no longer in treatment with Ms Carboni that such authorization is discontinued unless I grant an extension for the coordination of my care.

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

Printed Name _____

Signature _____ Date _____

