

Sonja Benson, Ph.D., PLLC
Licensed Psychologist

Request for Confidential Handling of Health Information

I, _____ request that
Sonja Benson, Ph.D., PLLC handle my confidential health information in the following way.
Please check below how you would like to receive information. Information sent by email is not
secure and confidentiality cannot be guaranteed.

____ Telephone (include number **and note if it is okay to leave a voicemail**)

____ Email (list email address)

____ US Mail (list mailing address)

____ Other (including fax)

Signature of Patient or Legal Guardian

Signature of Patient or Legal Guardian

Date

Policy for the use of unsecured media

Sharing information, including even a request for contact or an appointment, which is connected to any identifiable data such as your email address or cell phone number via text can constitute Personal Health Information (PHI).

To protect your confidentiality, all emails sent to me must be sent to the following encrypted email address:

DrBenson@DrSonjaBenson.com

When I respond to you, I will encrypt the text and will allow you to open that encrypted data by answering a question so that you will have safe email even without having to subscribe to an encrypted service. Please note that I will use normal capitalization practices when crafting the answer you will need to provide to prove your identity.

I prefer not to use text messaging as there is currently no practical way to encrypt data and thus meet security rules for PHI. If you use text messaging, you are willingly choosing to release your PHI in an unsecure format and allowing it to be unprotected.

Please sign the consent agreement regarding sending PHI through unsecured formats.

I have read the above information and am agreeing to allow my PHI to be unprotected in an unsecured format if I choose to use text messaging or any email other than the encrypted address above. I am doing so willingly and without any undue pressure to agree. Because I am choosing to allow my PHI to be unprotected, I do not consider this to be a breach of HIPAA.

Signature of Patient or Legal Guardian

Date

Signature of Patient or Legal Guardian

Date