

Liminal Solutions

Psychotherapy and Consulting, LLC

REQUEST AND CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

I, _____ (Printed Name of Client),

Authorize: S. Ileana Lindstrom, PhD of/and Liminal Solutions Psychotherapy and Consulting, LLC, located at 818 High St., Suite #4, Chestertown, MD 21620

To transmit to and exchange with me by non-secure media in the form of emails, telephone calls, and text messages the following types of protected health information related to my health care and psychological services and treatment:

- Information that includes my name and gives indication, directly or indirectly, that I am receiving psychological services from Dr. S. Ileana Lindstrom, PhD.
- Information related to the scheduling of psychotherapy sessions, meetings, or other appointments—including those conducted in-person or via telepsychology.
- Only when the use of video-conferencing for our psychotherapy sessions proves itself not to be an option, such as when our internet connection becomes unstable or when the video-conferencing server—www.doxy.me--is not functioning effectively, Dr. S. Ileana Lindstrom and I will determine whether or not we will proceed by telephone to conduct our session.

In the *Starting Our Work Together Booklet: Psychotherapy Services Information and Contract* which Dr. S. Ileana Lindstrom and each of her clients sign, under the section “Contacting Me,” Dr. Lindstrom wrote about her preferred mode of communication with her clients that will provide more privacy, confidentiality, and safety for her clients. Here’s what she wrote in that document: “If you need to contact me between sessions, call my business cell phone number: 410-699-0093. Please be aware that communications using cell phones are not fully secure and not fully confidential.”

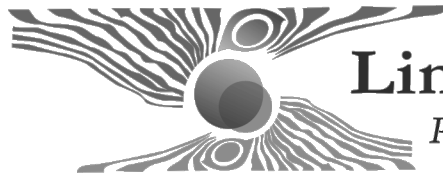
Regarding email and text forms of communication: These, like telephone calls, are non-secure modes of communication, which means that it is possible for third-party hackers to gain access to your conversations. As such, please be aware that these forms of communication entail risks to your confidentiality.

TERMINATION

This authorization will terminate when I, the Client, and Dr. S. Ileana Lindstrom, PhD agree to end, or terminate, my psychotherapy treatment and sessions.

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health and psychological information by unsecured means.

(Cont'd Over)



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I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this authorization at any time.

I understand that S. Ileana Lindstrom, PhD makes available to me the following means of communication that is designed to be secure and to maintain confidentiality:

www.doxy.me which is a video-conferencing online platform for telepsychology (aka telemedicine).

Using doxy.me, I understand that my data are encrypted, my clinical sessions are anonymous, and none of my information is stored. The doxy.me platform adheres to HIPAA data privacy requirements.

(CLIENT'S SIGNATURE)

DATE OF CLIENT'S SIGNATURE