

Pathway Counseling Services, LLC

Stacy Sims Fortenberry, MS, LPC

5 Orleans Drive, Suite 2

Hattiesburg, MS. 39402

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANTS

I, _____ authorize Stacy S. Fortenberry of Pathway Counseling Services of Hattiesburg, 5 Orleans Drive, Suite 2, Hattiesburg, MS. 39402 to transmit to me by non-secure media the following types of protected health information related to my health records and health care treatment:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment
- _____

TERMINATION

This authorization will terminate when the following event occurs: client is discharged.

You may also revoke this authorization in writing at any time by sending written notification to Stacy Fortenberry at 5 Orleans Drive, Suite 2 or by email to stcyfortenberry@yahoo.com. Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive you written request to revoke authorization.

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

Signature of Client

Date

Print Name