

HIPAA Communication Authorization

Innocent Indulgence, LLC

We use a variety of communication methods to best serve you. Select the appropriate boxes for each method we may use to connect with you, send session reminders, etc. which also may include the transmission/communication of your protected health information.

Yes – Communicate with me by Email for personal communications re: consultations, accountability, appointment reminders, nutritional supplements and health resources, tips and newsletters.

I have been notified that there is some level of risk that protected health information transmitted by unencrypted email could be read by someone other than me and I agree you can communicate with me by unencrypted email.

My email address is: _____

Yes – Communicate with me by Video (FaceTime, Zoom, Social Media groups) as needed for coaching and education

I have been notified that there is some level of risk that protected health information transmitted by unencrypted video could be seen by someone other than me and I agree you can communicate with me by unencrypted video.

My preferred video contact info is: _____

Yes – Communicate with me by Text for appointment reminders and coaching accountability as needed

I have been notified that there is some level of risk that protected health information transmitted by text could be read by someone other than me. I agree you can communicate with me by unencrypted texts.

My cell phone number is: _____

Name: _____

Signature: _____ Date: _____

No Expiration Date

You have the right to cancel this authorization at any time by contacting us in writing at info@innocentindulgence.com.