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## **Email Authorization Form**

### **Authorization to Utilize Unencrypted Email to Communicate Protected Health Information**

It is often convenient to communicate with one another via email. The ideal approach to email communications is for scheduling or quick updates of information. Detailed emails with clinical information should be limited in use. It is important that you understand that email communications between us are not encrypted and, therefore, not secure communications. If you choose to communicate with me from your workplace computer, you should be aware that your employer and its agents may have access to email communications between us. Finally, email communications may become part of your client medical record. If you have not received a message from me, and you are concerned that I did not receive the message, please call me to confirm. Email communication should never be used in the case of an emergency or for urgent requests of information.

\_\_\_\_\_ Yes, I consent to email communication with Dr. Kauffman

\_\_\_\_\_ No, I prefer not to have email communication with Dr. Kauffman

I understand that I may revise or withdraw my consent at any time, and that I have the right to receive a copy of this authorization form.

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Signature of Client/Guardian

Date

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Printed Name of Client