

**Annice Ormiston, Psy.D.**

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**CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION  
BY NON-SECURE (EMAIL) MEANS**

Protected Health Information (PHI) refers to individually identifiable health information that can be linked to a particular person. Specifically, this information can relate to:

- Your past, present or future physical or mental health condition
- Provision of health care to you
- Past, present, or future payment for the provision of health care to you

When this information is combined with identifiers of health information such as your name, social security number, address, and birth date the above information constitutes PHI.

The use of email (NON-SECURE MEDIA) for the purposes of scheduling appointments of billing constitutes PHI as the provision of services to you is linked with your name or email address.

I, \_\_\_\_\_  
(Name of patient)

AUTHORIZE: Annice Ormiston, PsyD  
2000 Hearst Avenue, Ste 207  
Berkeley, CA 94705

I, \_\_\_\_\_  
(Name of patient)

1801 Bush Street, Ste 222  
San Francisco, CA 94109

TO TRANSMIT BY NON-SECURE MEDIA PROTECTED HEALTH INFORMATION RELATED TO MY HEALTH RECORDS AND HEALTH CARE TREATMENT INCLUDING THE FOLLOWING:

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

BY THE FOLLOWING NON-SECURE MEDIA: Email correspondence at [annice@dranniceormiston.com](mailto:annice@dranniceormiston.com).

**Please do NOT use email to communicate in emergency situations.**

TERMINATION: This authorization can be terminated at any time, by written or oral notification.

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my Protected Health Information by non-secured means. I understand that I am not required to sign this agreement in order to receive treatment. I understand that I may terminate this authorization at any time.

I understand that Annice Ormiston, Psy.D. does not require me to communicate by email and offers phone and in-person scheduling and paper billing as secure alternatives, and I choose to authorize communication by the above-named non-secure means:

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date