



Highland Park Psychological Services

210 Skokie Valley Road Suite #12 | Highland Park | www.hppsyhservices.com | (847) 915- 6078

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below, I acknowledge that I understand the Notice of Privacy Practices for Highland Park Psychological Services and understand that it can be accessed at prpsych.com.

AGREEMENT FOR ELECTRONIC COMMUNICATION

Secure electronic messaging is always preferred for more sensitive protected healthcare information, but under some circumstances, insecure electronic communication containing protected healthcare information may take place between a Park Ridge Psychological Services provider and a patient. This communication may be used if both parties agree on this communication method, and if this form is completed and signed by both the provider and the patient or the patient’s personal representative.

There is some risk that electronic communication, including texts and e-mails may be disclosed or intercepted by unauthorized third parties. By completing this form the provider and I understand this fact and are willing to accept the risks involved with insecure electronic communication of protected health information.

This agreement may be terminated at any time by written notification.

Client Name: _____

Signature of client (or guardian):

Signature of Parent/Guardian:

Date of signing

Date of signing

This form will be retained in your medical record.