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Office Policies Pertaining to Disclosure of Protected Health Information

Dr. Carol Solomon must not transmit identifiable client information, such as client name, address phone number or other protected health information, via FAX, electronic mail, or through the Internet or Web Systems. I do maintain encryption, so will not be at risk of access by unauthorized persons.

In order to protect client confidentiality and privacy, all communications will be issued by mail via the United States Postal Service.

Client health information will be accessed by administrative personnel on a "need to know" basis.

It is understood that identifiable client health information requires appropriate safeguards to protect and prevent its use or disclosure by unauthorized persons.

All reasonable steps will be taken to assure the client's confidentiality and privacy.

I have read and understand this policy.

Client signature: _____

PRINT Name: _____

Date: _____

Some clients do want to be able to communicate by email. If you request to communicate by email you release the therapist from liability for lost and /or misplaced emails and for emails that may be read by others. If you **do** wish to be able to communicate via email please sign below.

Client Signature: _____

