

Spirit of Healing, LLC  
Hazelbaker Lactation Institute, LLC

**Consent for Electronic Health Information Storage and Communications**

*Email, texting, cell-phone calls, skype and computer storage of health information allows health care providers and clients to track and exchange information efficiently for the benefit of clients. At the same time, these forms of communication and storage are not completely secure because they can be accessed improperly while such information is in storage or during transmission.*

*You are not required to authorize the use of computer storage, communication transmission via email, text or cell phone and health care delivery via skype or other electronic means. A decision not to sign this acknowledgment and authorization to use such means of storage and communication will not affect your health care in any way.*

I authorize Spirit of Healing, LLC and/or Hazelbaker Lactation Institute, LLC to use computer, cell phone, texting, email and such unencrypted programs such as Skype for the delivery of healthcare services, the communication of health care information and the storage of health care information while fully acknowledging that these electronic means may not be secure.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Printed name of patient or personal representative and his or her relationship to patient