



It may become useful during the course of treatment to communicate by email, text message (e.g. “SMS”) or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with your Registered Dietitian, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate with your Registered Dietitian.
- Third parties on the Internet such as server administrators and others who monitor Internet traffic

If there are people in your life that you don’t want accessing these communications, please talk with your RD about ways to keep your communications safe and confidential.

## CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

I \_\_\_\_\_ consent to allow:  
(Client or Parent/Guardian if client under age 18)

- |  |  |
|--|--|
| <input type="checkbox"/> Anna M. Lutz, MPH, RD, LDN, CEDRD-S | <input type="checkbox"/> Lauren Buboltz, MPH, RD, LDN, CEDRD |
| <input type="checkbox"/> Shauna M. Alexander, RD, LDN, CEDRD | <input type="checkbox"/> Antonia Hartley, MPH, RD, LDN       |
| <input type="checkbox"/> Billie L. Karel, MPH, RD, LDN       | <input type="checkbox"/> Jocelyn Dantini, MS, RD, LDN        |

to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment
- Information for coordination and collaboration of care

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

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(Signature of client or Parent/Guardian)

Date

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**Chapel Hill Office:** 1240 Environ Way, Chapel Hill, NC 27517

**Fuquay-Varina Office:** 602 East Academy Street, Suite 105, Fuquay-Varina, NC 27526

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