



Sensory Solutions

Occupational Therapy for Children

Dear Parent(s),

If you would like to receive invoices and documentation over email please fill out this form. In order to stay HIPAA compliant we need authorization to send personal information over unsecure methods of communication.

- This document states that the below party gives consent for Sensory Solutions to send personal information over electronic mail.
 - Name: _____
 - Child: _____
- Please keep in mind that communications via email over the Internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.
- Please do not include personal identifying information such as your birth date, or personal medical information in any emails you send to us.

Signature: _____ Date: _____

Sincerely,
Teri Jetter MS OTR/L
Sensory Solutions LLC

Info adapted from - foxgrp.com/blog/hippaa-compliant-email/