PEDIATRIC NEUROPSYCHOLOGY SERVICES, PLLC

MICHELLE LURIE, Psy.D., ABPdN

17101 Preston Rd, Suite 240, Dallas, TX 75248 • Tel: (972) 248-3682

Coronavirus Protection:
Authorization To Use Technology to Communicate Patient Information

Your health and safety is my utmost priority. In the light of the pandemic and in an effort to protect the health of my patients, intakes and feedbacks be conducted via Zoom or phone. Therefore, this form when completed and signed by you authorizes me to exchange information with you via all forms of technology. This will allow for intakes and feedbacks to be performed via phone, and for reports to be emailed.

I authorize Michelle Lurie, Psy.D.; ABPdN to exchange pertinent information to me via telephone, email, and video when necessary. I understand that when using the internet to convey information, various limits to confidentiality may occur and this information may no longer be protected by the HIPAA Privacy Rule. I accept the risks involved in this exchange.

This authorization shall remain in effect until: / /

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that I have taken prior action in reliance on the authorization.

_____ _____

Signature of Patient /Guardian Date

Email Address:_____