

Electronic Communications Consent Form

It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. Receiving receipts for services by email or text message fall into this category as well. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept these messages. Even encrypted forms of communication can pose risks. Some of the potential risks you might encounter using these methods of communication include:

- People in your home or other environments who access your phone, computer, or other devices that you use might read your email or text messages.
- Loss of cellular phone, computer, or other devices.
- Email accounts can be hacked.
- Text messages and emails are stored on servers.
- Misdelivery of email to an incorrectly typed address.
- Third parties on the Internet such as server administrators who monitor Internet traffic might intercept your communication.

Please limit the use of electronic communications to issues related to scheduling. If you choose to email me, please be aware my email responses will be brief and I may call you to discuss the matter. I will not respond to text messages that are not related to scheduling or outside of business hours.

1. **Please check the appropriate response regarding use of unsecured electronic methods of communication in which you approve/disapprove to be contacted:**

I agree _____ or I Do Not Agree _____ to communicate electronically via email, phone, voice mails, and/or text messages.

My signature below indicates 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.

Name of Client

Signature of Client (or legal guardian, if applicable) Nov. 2017

Date