

CLIENT EMAIL/TEXTING CONSENT FORM

1. RISK OF USING EMAIL/TEXTING

The transmission of client information by email and/or text has risks that clients should consider prior to the use of email and/or texting. These include, but are not limited to, the following:

- Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- Email and text senders can misaddress an email or text and send the information to an unintended recipient.
- Backup copies of emails and texts may exist even after the sender and/or recipient has deleted his or her copy.
- Employers and online services have a right to inspect emails sent through their company systems.
- Emails and texts can be intercepted, altered, forwarded, or used without authorization or detection.
- Email and texts can be used as evidence in court.
- Emails and texts may not be secure and therefore it is possible that the confidentiality of communications may be breached by a third party.

2. CONDITIONS OF THE USE OF EMAIL AND TEXT

Therapists cannot guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received. Therapist is not liable for improper disclosure of confidential information that is not caused by therapist's intentional misconduct.

Client/parent/legal guardian must acknowledge and consent to the following conditions:

- Email and texting are not appropriate for urgent or emergency situations. Providers cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.
- Email and texts should be concise. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
- All email will usually be printed and filed into the client's medical record. Texts may be printed and filed as well.
- Provider will not forward client's/parent's/legal guardian's identifiable emails and/or texts without the client's/parent's/legal guardian's written consent, except as authorized by law.
- Client/parent/legal guardian should not use email or texts for communication of sensitive medical information.
- Provider is not liable for breaches of confidentiality caused by the client or any third party.
- It is the client's/parent's/legal guardian's responsibility to follow up and schedule an appointment.

3. CLIENT ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email and/or texts with my therapist. I consent to the conditions and instructions outlines, as well as any other instructions my therapist may impose for communicating with me via email or text.

Print Client Name: _____ Date: _____

Signature of client or parent/guardian: _____

CLIENT DECLINES AUTHORIZATION FOR CONSENT FOR EMAIL OR TEXTING

Client Signature: _____ Date: _____

Staff Member Signature: _____