

CLIENT EMAIL & TEXT MESSAGE CONSENT FORM

Arete Psychological Services will use all reasonable means to protect the security and confidentiality of email and text information sent and received. However, because of the risks identified below, Arete Psychological Services cannot guarantee the security of email and text communication, and is not liable for improper disclosure of confidential information that is not caused by intentional misuse or negligence.

RISKS OF USING E-MAIL/TEXT TO COMMUNICATE WITH YOUR THERAPIST

Transmitting client information by e-mail or text message has a number of risks that clients and their therapists should consider before using e-mail or text messaging to communicate. These include, but are not limited to, instances in which email:

- Can be circulated, forwarded and stored in numerous paper and electronic files
- Can be immediately broadcast worldwide and be received by unintended recipients
- Senders can easily type in the wrong email address or phone number
- Is easier to falsify than handwritten or signed documents
- Exists in the form of backup copies may exist even after the sender or the recipient has deleted their copy
- Employers/online services have a right to archive and inspect e-mails transmitted through their systems
- Can be intercepted, altered, forwarded, or used without authorization or detection
- Can be used to introduce viruses into computer systems
- Can be used as evidence in court

CLIENT OBLIGATIONS WHEN CONSENTING TO EMAIL/TEXT

Please use e-mail or text messaging for general logistic information when possible. If using text or email to discuss information that is clinical in nature, or that contains sensitive medical information, please be very careful about the email address to which you are sending the information, be aware of any forwarding addresses, carbon copy addresses (CC's), or any other possible recipients of the communication. In general, it is better to call Dr. Abbott if the communication will involve extensive or highly sensitive clinical discussion. Be aware that if you are using a computer that does not belong to you such as a work computer, your employer may legally collect and view your correspondence.

Please do not use email or text messaging for medical or psychological emergencies or other time sensitive matters. Dr. Abbott will generally answer all emails and texts within the same business day in which they are sent but cannot guarantee to do so. Be sure to take precautions to preserve confidentiality. Use password-protected screen savers and safeguard your computer password.

Please inform Dr. Abbott of any changes to your e-mail address and/or phone number. It is, of course, always an option to communicate with Dr. Abbott via telephone or during a scheduled appointment and emailing and texting are not substitutes for the care that may be provided during an office visit. Appointments should be made to discuss any significant new issues as well as any sensitive information whenever possible.

If you are the parent of a minor who is entering treatment with Dr. Abbott, the minor is required to also give his or her consent by reading and signing this form. As the parent, your signature on this form also expresses your permission for your child to communicate with Dr. Abbott via email and text.

I understand that all e-mail communications and text messages may be documented and/or made part of the Arete Psychological Services record of my care. I agree that Arete Psychological Services shall not be liable for any breach of confidentiality that may result from our use of e-mail or text messages via the internet or phones.

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FORWARDING EMAIL

I understand that there may be times in which Dr. Abbott must forward the information I have provided via e-mail to a third party for treatment, billing or payment purposes. This is considered a “release of information” and we will fill out a separate Release of Information Consent form prior to Dr. Abbott forwarding any emails or releasing any other confidential information electronically or otherwise. Once a release has been signed by me, I give my consent to allow Dr. Abbott to forward these e-mails to a third party under these conditions and evidence my consent by signing my initials below:

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 between my therapist and me, and consent to the conditions and instructions outlined, as well as any other instructions that my therapist may impose to communicate with me by email or text.

Signature of Client

Date

Signature of Parent

Date

I, the therapist, have discussed the issues above with the client, and their parent or guardian if indicated. It is my professional judgment that these persons are fully competent to give informed and willing consent to the use of email and text messaging during treatment.

Signature of therapist

Date

- Copy accepted by parent/adolescent Copy kept by therapist

This is a strictly confidential patient medical record. Redislosure or transfer is expressly prohibited by law.

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