

Client Consent and Guide to EMAIL Use

The decision to utilize email is strictly voluntary and your consent may be rescinded at any time. There are risks to using email to communicate with your counselor/prescriber. The risks are but not limited to:

- **Your therapist's email is not encrypted and therefore is not confidential.**
- Email may be seen by unintended viewers
- Email may be intercepted by hackers and redistributed
- Someone posing as you could communicate with the counselor and access information
- Email can be used to spread computer viruses
- Email may not be received by either party in a timely matter
- Email is discoverable in litigation and may be used as evidence in court
- Email can be circulated and stored by unintended recipients
- Statements made via email may be misunderstood creating miscommunication and/or negatively affecting treatment

When may I use email to communicate with my counselor?

- Appointment scheduling or rescheduling
- Clarification on therapeutic homework
- Other matters not requiring an immediate response

When should I **NOT** use email to communicate with my counselor?

1. **In an emergency:**
 - If you are experiencing any desire to harm yourself or others
 - If you are experiencing a severe medication reaction
2. If you need an immediate response about non-emergent issues

What can I expect from my counselor/prescriber around answering my emails?

- Your email will be read within 48 business hours.
- If the counselor/prescriber deems it to be clinically inappropriate to respond, a conversation about the email will be initiated at your next appointment.
- If the original email initiated by you is cc'd to a third party, your therapist may choose not to respond or may not include the third party in the response.
- Your counselor will not initiate emails containing clinical content.
- **If you initiate an email with clinical content, you are accepting the risk.**

What happens to my messages?

- Email will be printed out and maintained as a permanent part of your medical record
- As part of your permanent record, they will be released along with the rest of the record upon your authorization or when your therapist is legally required to do so.

CONSENT TO EMAIL USE

By signing below, I consent to the use of email communication between myself and my therapist. I recognize there are risks to its use and that my therapist cannot absolutely guarantee confidentiality. I understand and accept those risks. I further understand if I send too many emails, send inappropriate emails, or copy outsiders on the emails, my therapist may not respond or cease to allow me to use email to communicate in the future. I also understand that I may withdraw my consent to communicate via email at any time by notifying my therapist in writing.

Print Name of Client _____

Signature of Patient/Guardian

Date

Email Address: _____

I am choosing to opt out. I do not give consent for my therapist to use email to communicate with me. I understand that if I change my mind and want to email my therapist, I will need to sign a consent form (Check box and sign below).

Sign here if opting out: _____