Therapeutic Time, Inc.

Email and Texting Informed Consent

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Client Name: _____ **DOB:** _____

The use of texting is strictly to inform your therapist of any change to your ability to attend your session and to reschedule if needed. The use of email is to inform your therapist of issues regarding your treatment that will need to be addressed in your next session. Emails and texts are not therapy sessions and will not be responded to therapeutically and will not be used as a form of therapy as this is not an ethical service that is billable. Please see the risks to confidentiality for email and text, select your therapist below, and agree to a selection (Consent or Do Not Consent) below.

1. **Risk of using email/texting:** The transmission of client information by email and/or texting has several risks that clients should consider before the use of email and/or texting. These include, but are not limited to, the following risks:
a. Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
b. Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
c. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
d. Employers and online services have a right to inspect emails sent through their company systems.
e. Emails and texts can be intercepted, altered, forwarded, or used without authorization or detection.
f. Email and texts can be used as evidence in court.
g. Emails and texts may not be secure and therefore the confidentiality of such communications may be breached by a third party.

2. **Conditions for the use of email and text:** your Psychologist or Psychological Associate cannot guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received. A Psychologist or Psychological Associate is not liable for improper disclosure of confidential information that is not caused by your Psychologist or Psychological Associate's intentional misconduct. Clients/Parents/Legal Guardians must acknowledge and consent to the following conditions:
a. Email and texting are not appropriate for urgent or emergencies. A Psychologist or Psychological Associate cannot guarantee that any email and/or text will be read and responded to within any period.

b. 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.

c. All emails will usually be printed and filed into the client's medical record. Texts may be printed and filed as well.

d. 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.

e. Clients/parents/legal guardians should not use email or texts for communication of sensitive medical information.

f. Provider is not liable for breaches of confidentiality caused by the client or any third party.

g. It is the client's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted.

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 emails and/or texts between your Psychologist or Psychological Associate and myself and consent to the conditions and instructions outlined.

Check that which applies:

☐ **I consent to Email** with my Psychologist or Psychological Associate marked below.

☐ **I consent to SMS/Texts** with my Psychologist, or Psychological Associate marked below.

- ☐ Trisha Rich-Thurm, Clinical Psychologist PSY# 24976
- ☐ Liliana Weichold, MA, Psychological Associate PA# PBS 94027514
- ☐ Sarah Barajas, MA, Psychological Associate PA# PSB 94027905

☐ I **do not** consent to sending and receiving **Emails** or **SMS/texts** from my Psychologist or Psychological Associate.

Your signature below indicates that you have read the information in this document and agree to its terms.

_____   _____   In the case of treating a minor: **Sign Below**:

Signature of Client   Date

_____ _____   _____ _____

Signature of Parent/Guardian   Date   Signature of Parent/Guardian   Date