

Client Email/Phone/Texting Consent Form

This form provides information about the risks of these forms of communication, guidelines for email/phone/text communication, and how we use email/phone/text communication. It also will be used to document the consent between the mental health professional and the client for communication methods such as but not limited to email, phone, and text messages (also known as SMS).

I, **[Client's Name]** _____, hereby consent to engage in therapy services with [mental health professional's Name] _____ (hereinafter referred to as "Mental health professional"). I understand that in addition to traditional in-person sessions, the mental health professional may offer communication via electronic means such as email, phone, texting (also known as SMS), and voicemail. I acknowledge that the use of electronic communication introduces certain risks, and I agree to the following terms and conditions:

Purpose: I understand that the purpose of electronic communication in therapy is to facilitate scheduling, discuss administrative matters, and engage in brief check-ins or therapeutic support between sessions. It is not intended to replace face-to-face therapy sessions in the context of this agreement.

Risks: I understand that electronic communication may not be entirely secure and could be intercepted, forwarded, or stored in systems beyond the control of the mental health professional. While the mental health professional will take reasonable measures to ensure the confidentiality of our communication, I acknowledge that there are inherent risks to electronic communication such as but not limited to:

A: Emails, phone calls/voicemails, and text messages can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.

B: Email and text senders can easily misaddress and email or text and send the information to an undesired recipient.

C: Backup copies of emails, text messages, and voicemails may even exist even after the client and or the mental health professional has deleted their copy

D: Employers, online service providers, telecommunications providers may have a right to inspect information sent through their systems

E: Emails, phone calls, voicemails, text messages can be intercepted, altered, forwarded, or used without authorization or detection

F: Emails, voicemails, and text messages can be used in a court of law.

G: Emails, phone calls, voicemails, and text messages may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.

Emergency Situations: I understand that electronic communication may not be an appropriate means of communication during emergencies or crisis situations. In the event of an emergency, I agree to contact emergency services @ 911 or the appropriate crisis hotline.

Response Time: I acknowledge that the mental health professional may not be able to respond immediately to electronic communication and that response times may vary depending on the nature of the communication and the mental health professional's availability.

Limits of Confidentiality: I understand that the same confidentiality and privacy standards apply to electronic communication as to in-person sessions. However, I acknowledge that there are limitations to confidentiality, such as the potential for unauthorized access to electronic communications. The mental health professional accepts no liability for unintentional disclosure of confidential client information.

Communication Boundaries: I agree to use electronic communication responsibly and respect boundaries around the frequency and content of communication. I understand that the mental health professional may establish guidelines for electronic communication to ensure that it remains therapeutic in nature.

Documentation: I understand that electronic communication may be documented as part of my therapy record. I agree with the mental health professional's documentation policies regarding electronic communication.

Consent Revocation: I understand that I have the right to revoke this consent for electronic communication at any time. If I choose to revoke consent, I will notify the

mental health professional in writing and understand that future communication will be limited to in-person sessions or other agreed-upon means.

By signing below, I acknowledge that I have read and understood the terms of this consent for electronic communication in therapy services, and I agree to abide by them.

Client's Name: _____

Client's Signature: _____

Date: _____

mental health professional's Name: _____

mental health professional's Signature: _____

Date: (MM/DD/YYYY) ____/____/____