

Informed Consent Related to Use of Technology in Therapy

Electronic Communications Emailing and text messaging (and other online “activities”) have become a common and convenient way to communicate with your service provider. It is important to be aware, however, that there are uncertainties related to the privacy and confidentiality of electronic communications. In short, I cannot ensure the confidentiality of any form of communication through electronic media. For instance, any email sent to me via computer in a work-place environment is legally accessible by an employer. Further, texting or emailing your therapist may add a new dimension to the therapeutic relationship that must be thoughtfully managed. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will be glad to do so. Please be advised, however, of the following conditions:

1. Emailing and texting is not appropriate for urgent or emergency situations. I cannot guarantee that any email and/or text will be read and responded to within any particular period of time.
2. 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.
3. All email will usually be printed and filed into the client’s medical record. Texts may be printed and filed as well.
4. 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.
5. Clients/parents/legal guardians should not use email or texts for communication of sensitive personal or medical information, nor should it be used for casual communication.
6. Provider is not liable for any breaches of confidentiality caused by the client or any third party.
7. It is the client’s/parent’s/legal guardian’s responsibility to confirm and keep all scheduled appointments.

Friend/Networking Requests: I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Internet Searches: While my present or potential clients might conduct online searches about my practice and/or me, I do not search my clients with Google, Facebook, or other search engines unless there is a clinical need to do so, as in the case of a crisis or to assure your physical well-being. If clients

ask me to conduct such searches or review any online material and I deem that it might be helpful, I will consider it on a case-by-case basis and only after discussing possible impacts to our professional relationship and your privacy.

Use of Zelle, PayPal, and other Electronic Modes of Payment: You may choose to use Zelle or other electronic, app-driven methods of paying me. This is fine, but please protect your privacy by setting up your accounts as “private” so that others cannot see to whom you are sending payment. Payment apps or online services are usually not HIPPA compliant, meaning confidentiality cannot be guaranteed.

Client Acknowledgement and Agreement: I acknowledge that I have read and fully understand this entire document. I understand the risks associated with the communication of email and/or texts between my therapist and me, as well as the risks associated with the use of online and app-driven payment methods, and I fully consent to the conditions outlined above.

Client name: _____ Date: _____

Client signature: _____

Parent/Guardian: _____