

## CONSENT FOR EMAIL/TEXT COMMUNICATION for Doors of Hope Counseling, LLC:

I will be happy to respond to your query within reason, but to do so via email/text you must provide your consent, recognizing that email/text messaging is not a secure form of communication. There is some risk that any protected health information that may be contained in an email/text message may be disclosed to, or intercepted by, unauthorized third parties. I will use the minimum necessary amount of protected health information to respond to your query. Communication technologies must never replace the crucial interpersonal contacts that are the very basis of the patient-therapist relationship. Patient-therapist electronic mail is defined as computer-based communication between psychologists and patients within a professional relationship, in which the therapist has taken on an explicit measure of responsibility for the patient's care. These guidelines do not address communication between therapists and consumers in which no ongoing professional relationship exists.

### Communication Guidelines:

- I will return emails/text messages as soon as possible during business hours. If I am on vacation, emails/text messages may or may not be returned until I return. For emergencies call 911.
- All email/text communication will be retained either by paper and/or electronic copies for the term applicable to paper records.
- Therapeutic communication (sensitive subject matters) should be kept at a minimum. Please call to set up an appointment for therapeutic matters.
- E-mail/text correspondence will not be used to establish a patient-therapist relationship. E-mail/text messages should supplement other, more personal encounters. Without the benefit of face-to-face interaction, email/text messages can be misinterpreted in tone and meaning.
- Email/text communication to change an appointment is acceptable.
- Please put in subject line the nature of the communication (e.g., appointment, advice, billing question), and please make sure your name and/or identifying information about the patient is in the body of the message.
- Please be concise in your email/text message. If the matter cannot be written in a concise fashion, please call to schedule an appointment.
- You will be reminded if you do not adhere to these guidelines. If necessary, I will terminate the email/text messaging relationship.
- Encrypted messages are the most protected form of communication. However, I do not presently use an encrypted program. My computer(s) is/are password protected.
- Your email/text message will not be forwarded to a third party without your expressed permission, unless you have already signed a release for me to communicate with a professional.
- I am the only one with access to my email address and/or mobile number. I will double-check all "To" fields prior to sending messages.

### A. General electronic communication risks include but are not limited to the following:

Email/text messages can be immediately broadcasted worldwide and received by many intended and unintended recipients.

- Recipients can forward email/text messages to other recipients without the original sender's permission or knowledge.
- Users can easily send an email/text message to the incorrect address.
- Emails/text messages are easier to falsify than handwritten or signed documents.
- Backup copies of email/text messages may exist even after the sender or the recipient has deleted his or her copy.

B. Specific electronic communication risks include but are not limited to the following:

- Email/text messages containing information pertaining to a patient's diagnosis and/or treatment must be included in the patient's medical records. Thus, all individuals who have access to the medical record will have access to the email/text messages.
- If you are sending email from your employer's computer, your employer does have access to it.
- Insurance companies who learn of your Personal Health Information (PHI) could deny you coverage.
- Although practitioners will endeavor to read and respond to email/text correspondence promptly, they cannot guarantee that any particular email/text message will be read and responded to within any particular time frame.

C. Conditions for use of electronic communication:

- All email/text messages sent or received that concern your diagnosis or treatment or that are part of your medical record will be treated as part of your PHI. Reasonable means will be used to protect the security and confidentiality of the email/ text messages. Because the security and confidentiality of email/text messages cannot be guaranteed and involve the risks outlined above, your consent to email/text correspondence includes your understanding of the following conditions:
- All email/text messages to and from you concerning your PHI will be a part of your file and can be viewed by health care and insurance providers, and the practitioner's office support staff.
- Your email/text message will not be forwarded outside the office without your consent or as required by law.
- Though all efforts will be made to respond promptly, this may not be the case. Because the response cannot be guaranteed, please do not use email/text messaging in a medical emergency.
- You are responsible for following up with the practitioner or support staff if you have not received a response.
- Medical information is sensitive and unauthorized disclosure can be damaging. You should not use email/text messaging for communications concerning diagnosis or treatment of AIDS/HIV infection, other sexually transmitted diseases, mental health, and developmental disability or substance abuse issues.
- Since employers do not observe an employee's right to privacy in their email system, you should not use your employer's email system to transmit or receive confidential email.
- The practitioner will take reasonable steps to ensure that all information shared through email is kept private and confidential. However, Doors of Hope, LLC is not liable for improper disclosure of confidential information that is not a result of our negligence or

misconduct. Patient information is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320 et seq. 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2 Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate any alcohol or drug abuse.

#### INFORMED CONSENT

If you consent to the use of email/text messaging, you are responsible for informing your practitioner of any type of information that you do not want sent to you by email/text message other than the information detailed in Section B.

You are responsible for protecting your password and access to your email account/ mobile phone and any email/text message you send or you receive from DOH to ensure your confidentiality. Your practitioner cannot be held liable if there is a breach of confidentiality caused by a breach in your account security.

Any email/text message that you send that discussed your diagnosis or treatment constitutes informed consent to the information being transmitted. If you wish to discontinue email/text correspondence, you must submit written consent informing your practitioner that you are withdrawing consent to email/text correspondence.

\_\_\_\_ Yes, I have read the above and consent to unencrypted, but confidential email/text correspondence.

\_\_\_\_ No, I am not interested in email/text correspondence.

Email \_\_\_\_\_ cell phone \_\_\_\_\_

\_\_\_\_\_  
Patient Signature. Date

\_\_\_\_\_  
Patient Printed Name Date

If parent is signing on behalf of a patient under 18, please complete the information:

\_\_\_\_\_  
Parent/ Legal Guardian Signature Date

\_\_\_\_\_  
Parent/ Legal Guardian Printed Name Date

\_\_\_\_\_  
Therapist Signature Date