

AUTHORIZATION TO USE UNENCRYPTED EMAIL AND TEXT

This document is to ensure you are aware that email and/or text communications between you and your therapist are not encrypted (coded) and therefore are not secure communications. Email and texts are vulnerable to unauthorized access that can compromise your privacy and confidentiality.

While data on _____'s (*name of therapist*) computer is encrypted, emails and texts are not. There is also a risk that email and texts can be sent mistakenly to the wrong address, or improperly acquired or intercepted by hackers. This risk is especially high if you access your email through your employer's network, or if access to your email is not password protected. If this happens, the information may be disclosed and is no longer protected by privacy law.

Please note _____ (*name of therapist*) attempts to use emails and texts only for appointment reminders and for scheduling or modifying appointments. Emails and texts used for other purposes will be kept as part of your clinical record. **Please do not use texts or email for emergencies.**

My signature below indicates that I have read and understand the following statements:

- I understand that computer email and texts can be accessed or intercepted by unauthorized individuals or entities.
- I understand _____ (*name of therapist*) will attempt to use emails and texts only for only appointment reminders and for scheduling/modifying appointments.
- I understand all email and texts, other than those used for scheduling and reminders, will be kept as part of my clinical record.
- I understand if I communicate confidential or private information via email or texts, _____ (*name of therapist*) will assume I have evaluated the risks of doing so and have made an informed decision.
- I understand I may notify _____ (*name of therapist*) at any time if I decide to avoid or reduce my use of email or texts.
- I understand email or texts should never be used in the case of an emergency or for urgent requests for information.
- I understand, in the event of an emergency, I may call _____ (*name of therapist*) at _____ (*phone number*), but because my call may not be returned immediately, I should also call 911.

Client Signature

Date

Therapist Signature

Date