

Email and Text (SMS) Messaging Informed Consent

In order to communicate with you by email or text message, Johnson Counseling Services will first inform you of any potential confidentiality breaches and other issues that arise through this method of communication. This document serves to inform you of any risks and ensure they are understood.

I understand that my email communications with my therapist will NOT be encrypted and, therefore, my therapist can NOT guarantee the confidentiality and security of any information I send to my therapist or my therapist sends to me via email. I understand that SMS messages are also not secure and the same conditions apply.

I understand that for this reason my therapist has advised me not to send sensitive information via email or SMS message. This includes information about current or past symptoms, conditions or treatment, as well as identifying information such as social security numbers or insurance identification information.

I hereby give permission for my therapist to reply to my messages via email, including any information that is deemed appropriate, that would otherwise be considered confidential. I agree that Johnson Counseling Services shall not be liable for any breach of confidentiality that may result from this use of email via the Internet.

I understand that my therapist may at times email me information about resources that I can use as part of my treatment. I hereby consent to receive such information via email.

I understand that email and SMS communication should not be used for urgent or sensitive matters since technical or other factors may prevent a timely response. I understand that if I use email or SMS to make or request scheduling changes it is my responsibility to confirm that my therapist has received my communication more than 24 hours before the appointment time being changed.

I understand that all email and SMS communications may be made part of my permanent medical record and would be accessible to anyone given access to those records. I also understand that I may withdraw permission for my therapist to communicate with me via email or SMS at any time by notifying my therapist in writing

Patient/Parent/Legal guardian signature

Date

Patient/Parent/Legal guardian signature

Date

Therapist signature

Date