

## ELECTRONIC COMMUNICATION AGREEMENT

We understand that text messaging and email offer an easy and convenient way for clients and therapists to communicate with one another. In many circumstances, such as confirming appointments, texts and emails have an advantage over phone calls (or voicemail messages back and forth) and other means of communication.

However, we need to caution you that there are notable disadvantages as well.

*Texting:* Given that many texts now show up on computers as well as phones, the latest HIPAA rules consider them to be Protected Health Information (PHI) if associated with your treatment here, and we cannot guarantee the security of such unencrypted electronic communications. This all means that text messages are not confidential and are comparable to sending a postcard through the mail.

*Email:* We cannot guarantee the security of unencrypted email communications, and under the latest HIPAA rules, even your email address is considered PHI if associated with your treatment here. This all means that email messages are not confidential and are comparable to sending a postcard through the mail. Furthermore, if you send emails from a work computer, your employer may have a legal right to read your email communications if desired.

Therefore, texts and email should not be used to communicate sensitive health information, which naturally includes mental health and substance abuse details. In some circumstances, your text messages may become part of your health record or shared with other staff members at the Anxiety & Stress Center (for example, asking a question about your insurance or billing statement).

Finally, text messaging and email is not a substitute for seeing your therapist. If you think you need to be seen, please schedule an appointment.

That said, we still consider text messaging and emailing to be an acceptable, and at times a necessary, part of our communications with current clients. In order to use text and email messaging, however, I need to document that I have informed you of the risks in using electronic communication to you and your PHI - and have secured your consent to send and receive electronic communication with staff at the Anxiety & Stress Center.

☐ I agree to text communication. Preferred number: \_\_\_\_\_

☐ I agree to email communication. Preferred email: \_\_\_\_\_

☐ I prefer NOT to be contacted by text or email.

Signed (Client): \_\_\_\_\_

Signed (Therapist): \_\_\_\_\_

Date: \_\_\_\_\_