

Electronic Communications Consent and Disclaimer

Preference for Confidential Communications:

As per the Notice of Privacy Practice, you have the right to request that this office communicates with you about your health information in a certain way or at a certain location. For example you can request to be contacted by mail or at work.

Disclaimer:

By providing a phone number, email, and other forms of communication to Acuity Psychotherapy Solutions, PLLC, you are opting into receiving such forms of communication from providers and staff members of Acuity Psychotherapy Solutions, PLLC. You can opt-out anytime by notifying your provider or the office staff of changes in communication preferences. You may also reply STOP to any of the forms of communication. If you have additional questions, see our Privacy Policy and Practices.

Please indicate where and how you would like to be contacted:

I prefer to be contacted by: Phone Email Texting Mail
 Applications Online platform (e.g. Skype)

I prefer to be called and/or texted at the following number: _____

I DO DO NOT want messages to be left at this number.

Please only call at these times: _____

I prefer emails to be sent to: _____

I prefer texts to be sent to: _____

I prefer mail to be sent to: _____

I prefer to use the application _____

I prefer to use the online platform: _____ with the username: _____

Other instructions: _____

Email, Texting, Online Platforms, and Applications

Your protected health information must be kept private and secure according to federal and state laws and professional ethics codes. Email, texting, online platforms, and applications are convenient ways to communicate for treatment purposes (such as discussing your current symptoms) and administrative purposes (such as appointment scheduling and billing). Reasonable means to protect the security and confidentiality of communications via email, texting, online platforms, and applications will be taken. **However, it is impossible to guarantee the security and confidentiality of communication via email, texting, online platforms, and applications.** Should confidential information be improperly disclosed, through no fault of this office, this office will not be liable for such disclosures.

Potential risks of communicating by email or text may include:

- Misdelivery of emails or texts to an incorrectly typed address or number.
- Email and online accounts and phones can be hacked.
- Email is easier to falsify than handwritten or signed documents.
- Backup copies of email, texts, and online platform or application data may exist even after the sender or the recipient has deleted his/her copy.
- Employers and on-line services have a right to archive and inspect emails, texts, online communications and application data transmitted through their systems.
- Information sent via emails, texts, online platforms, and applications can be intercepted, altered, forwarded, or used without authorization or detection.
- Emails, online platforms, and applications can be used to introduce viruses into computer systems.
- Emails, texts, and online platform and application data can be used as evidence in court.

Phone, email, and texts are sent for appointment reminders. All emails and texts to or from patients concerning diagnosis or treatment will be filed as part of the patient record. Since the information will be considered part of the record, other individuals authorized to access the record, such as staff and billing personnel, will also have access to those emails. Note that all email is retained in the record of the system sending the email. Emails and texts may be forwarded internally to workforce members as necessary for diagnosis and treatment.

COMMUNICATION VIA EMAIL, TEXT, ONLINE PLATFORM, OR APPLICATION SHOULD NOT BE USED FOR MEDICAL EMERGENCIES.

You have the option of choosing whether to communicate with this office via email, texting, online platforms and/or applications and what information you wish to communicate. **You do not have to consent to communication via email, texting, online platforms, or applications** and communication can be handled in person or via phone call or mail. You may revoke any permission at any time by writing the office.

By consenting to communicate through email, text, online platform or application, you also agree to the following responsibilities:

- If you send a communication that requires or invites a response, and one is not given within a reasonable time frame, it is your responsibility to notify the office that the communication was not received. You cannot assume that because it was not returned that it was received.
- It is your responsibility to schedule appointments.
- To the extent possible you should NOT use email, texting, online platforms, or applications to make disclosures about sensitive medical information such as: mental health treatment, drug, alcohol or substance abuse, information related to AIDS and HIV, and genetic information.
- It is your responsibility to inform the office of any changes to your communication preferences including changes in mailing address, phone number, email address, or online account usernames.
- It is your responsibility to keep up with your own appointment dates and times. Phone, email, and text reminders are a complementary service and are not required by this office. No show appointments do to not receiving an appointment reminder is not acceptable and will result in a \$75 time charge.

Email:

I DO DO NOT consent to use **email** for

Administrative Purposes and/or Treatment purposes Appointment reminders.

Other Conditions for **emailing**: _____

Texting:

I DO DO NOT consent to use **texting** for

Administrative Purposes and/or Treatment purposes Appointment reminders.

Other Conditions for **texting**: _____

Online Platforms:

I DO DO NOT consent to use **online platforms** for

Administrative Purposes and/or Treatment purposes Appointment reminders.

Other Conditions for **online platforms**: _____

Applications:

I DO DO NOT consent to use **applications** for

Administrative Purposes and/or Treatment purposes Appointment reminders.

Other Conditions for **applications**: _____

Social Media

Requests to connect from current or former clients on social networking sites, such as Facebook, LinkedIn, Twitter, Pinterest, Google+ or other sites or apps, will not be accepted. Adding clients as friends on these sites and/or communicating via such sites is likely to compromise privacy and confidentiality. Please do not communicate with me via any social networking sites.

Blog

I may maintain a professional blog about mental health. Clients are welcome to read my blog and comment. However, similar to social media, please be cautious that in leaving any comments on my blog you may compromise your confidentiality. Any comments that divulge personal information will be edited at my discretion.

Email Newsletter

I may send an email newsletter to subscribers typically, i.e. once per month. The newsletter typically includes one article about mental health. As with other online communications, there are privacy risks. I will not sell, lend, or rent my mailing list.

I may use my newsletter to promote new services I offer including workshops. By subscribing to my email newsletter you are opting to receive such marketing communications. You may opt out of receiving these emails by clicking the “unsubscribe” link on the email or by contacting the office in writing.

Business Review Sites

There are options for users to rate their providers and add reviews. These listings are not requests for testimonials, ratings, or endorsement from you as my client. You have a right to express yourself on any site you wish. But due to confidentiality laws, I cannot respond to any review on any site whether it is positive or negative. And like blogs and other online communications, there are privacy risks.

I recognize that technology is ever-evolving and that electronic communications cannot be fully protected from unauthorized interception. Understanding the risks of electronic communication via email or texting, I have indicated my preferences and consent for communications.

Client/Patient Signature

Date

Personal Representative Signature (if applicable)

Relationship to Client/Patient

Minor Signature (if applicable)

Date

Therapist Signature

Date

GHPA

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