

# Therapy for Children, Adults and Families, Inc.

## ELECTRONIC COMMUNICATION POLICY

**Important information regarding treatment communications via cell phone, text message, email, video conferencing and any other electronic means:**

### EMAIL AND VOICE MAIL:

- I understand that I have the option of communicating with Brenda at Therapy for Children, Adults and Families, Inc. by email, text and/or voice mail, but that neither is appropriate for any sort of emergency or crisis situation. Brenda at Therapy for Children, Adults and Families, Inc. may only check her email and voice mail, text messages once each day during the business week, and less frequently on weekends. I understand that Brenda at Therapy for Children, Adults and Families, Inc. has the exclusive right to decide what is and is not appropriate for text messaging, email or voice mail consultation and I will abide by this decision if I choose to use these technologies with her. **If I am experiencing an emergency or crisis situation, I will go to an emergency room or call 911 for emergency services.**
- I understand that using email, text and voice mail carries risks to the confidentiality and security of their contents. This could occur, among other causes, as a result of human error, network failure, Internet hacking or interception of the message by unauthorized parties.
- I understand that email, text messages and voice mail communication may be misinterpreted due to lack of eye contact, vocal tone and attending to facial expressions of the parties involved. If I am unsure about the intent or content of an email, text messages or voice mail, I understand the importance of discussing my questions and concerns and asking for clarification.
- I understand that emails, text messages and voice mails are part of the medical record and copies thereof may be retained for future use.

### My signature below indicates that:

- **I have had time to review the information in this document and I understand the risks, including potential compromise of confidentiality and human error in communicating via email, text messaging and voice mail, or by any other electronic means.**
- **I acknowledge the security risks set forth herein and agree to follow the policies and procedures Brenda at Therapy for Children, Adults and Families, Inc. has set forth in this document with respect thereto.**

Print name: \_\_\_\_\_

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

Patient signature: \_\_\_\_\_