



ANCHOR
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Client Email/Phone/Texting Informed Consent Form

You may give permission to your provider to communicate with you by email, phone, and text message (also known as SMS). This form provides information about the risks of these forms of communication, guidelines for email/phone/text communication, and how we use email/phone/text communication. It also will be used to document your consent for communication with you by email, phone, and text message.

1. Risks of using email/texting:

The transmission of client information by email, phone and/or texting has a number of risks that clients should consider prior to the use of email, phone and/or texting. These include, but are not limited to, the following risks:

- A. Emails, phone calls/voicemails, and text messages can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- B. Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
- C. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
- D. Employers and on-line services have a right to inspect emails sent through their company systems.
- E. Emails, phone calls, voicemails, and texts can be intercepted, altered, forwarded or used without authorization or detection.
- F. Emails, voicemails, and texts can be used as evidence in court.
- G. Emails, phone calls, voicemails, and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party

2. Conditions for the use of email and texts:

The provider cannot guarantee but will use reasonable means to maintain the security and confidentiality of email, phone, voicemail, and text information sent and received. The provider is not liable for improper disclosure of confidential information that is not caused by the provider's intentional misconduct.

Clients/Parent's/Legal Guardians must acknowledge and consent to the following conditions:

A. **The provider cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.** The provider will respond to text messages, voicemails, and emails Monday-Thursday during the hours of 9AM-5PM, unless otherwise specified. Voicemails, text messages, and emails will not be answered outside of these hours or on the weekends/holidays.

B. Email and texting is not appropriate for urgent or emergency situations. **If you experience a mental health emergency, please go to your nearest emergency room and/or call 911.**

B. Email and texts should be concise. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.

C. Email communication will usually be printed and filed into the client's medical record. Texts may be printed and filed as well.

D. Clients/parents/legal guardians should not use email or texts for communication of sensitive medical information.

E. The provider is not liable for breaches of confidentiality caused by the client or any third party.

F. It is the client's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted.

G. Non-face-to-face evaluation and management of services provided by the provider to a client via telephone is subject to billing if initiated by an established client, or guardian of an established client.

3. Client Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of cell phones, email and/or texts between my provider and me, and consent to the conditions and instructions outlined, as well as any other instructions that my provider may impose to communicate with me by email or text. By signing this form, I authorize the provider to send text messages to my cell phone regarding scheduling and treatment. I understand that standard text messaging rates will apply to any messages receive. I also understand that I or the provider may revoke this permission in writing at any time. I agree not to hold the provider liable for any electronic messaging

charges or fees generated by this service. I further agree that in the event my cell phone number and or cell provider changes I will inform my provider.

- I accept and DO want to receive text messages.
- I decline and DO NOT want to receive text messages at this time.

Client name: _____

Client signature: _____ Date: _____

Parent/Legal Guardian name: _____

Parent/Legal Guardian signature: _____ Date: _____

Provider Name: _____

Provider signature: _____ Date: _____