



Client Email/Texting Informed Consent Form

1. Risk of using email/texting

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

- a. Email and texts 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 and texts can be intercepted, altered, forwarded or used without authorization or detection.
- f. Email and texts can be used as evidence in court.
- g. Emails 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

This therapist cannot guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received. This therapist is not liable for improper disclosure of confidential information that is not caused by this therapist's intentional misconduct. Clients/Parent's/Legal Guardians must acknowledge and consent to the following conditions:

- a. Email and texting is not appropriate for urgent or emergency situations.
- b. This therapist cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.
- c. Email and texts should be concise.
- d. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
- e. Email may be printed and filed into the client's medical. Texts may be printed and filed as well.
- f. This therapist will not forward client's/parent's/legal guardian's identifiable emails and/or texts without the client's/parent's/legal guardian's written consent, except as authorized by law.
- g. Clients/parents/legal guardians should not use email or texts for communication of sensitive medical information.
- h. This therapist is not liable for breaches of confidentiality caused by the client or any third party.
- i. It is the client's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted.

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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 email and/or texts between my therapist and me, and I consent to the conditions and instructions outlined, as well as any other instructions that my therapist may impose to communicate with me by email or text. I consent that the types of emails/text messages and frequency of emails/text messages I may receive from my therapist includes, but is not limited to:

- Appointment reminders
- Cancellation notices
- General notifications regarding services offered by therapist
- Responses to my emails and/or text/SMS messages

Furthermore, I am aware that standard text message and data rates may apply. If I wish to “opt out” of receiving text messages and/or emails from my therapist, I agree to supply notification, in writing, directly to my therapist. By signing below, I consent to communicate, as necessary, with my therapist via:

_____text/SMS messages at the number(s) listed below
_____email(s) listed below

Client name: _____
Client signature: _____ Date: _____
Authorized email address: _____
Authorized Text/SMS mobile number _____

Client name: _____
Client signature: _____ Date: _____
Authorized email address: _____
Authorized Text/SMS mobile number _____

Date: _____
Michelle Barenchi, MA LMFTA