
**P A T I E N T E L E C T R O N I C C O M M U N I C A T I O N
C O N S E N T F O R M**

Patient Name: _____
Patient Address: _____

E-mail: _____
Cell/SMS: _____

DEFINITIONS

“Provider” shall refer to Steven M. Yousha, Psy.D.
“Practice” shall refer to all affiliates, shareholders, officers, directors, physicians, providers, agents and employees affiliated with the practice of the Provider.
“Electronic communication” shall refer to e-mail, SMS (text messaging), teletherapy, video conferencing, facsimile transmissions, and/or all other forms of communication transmitted and/or received electronically.

1. RISK OF USING E-MAIL, SMS (“TEXT MESSAGING”), VIDEO-CONFERENCING, AND OTHER FORMS OF ELECTRONIC COMMUNICATION

Transmitting patient information by E-mail, SMS, and/or other forms of electronic communication has a number of risks that patients should consider before using these forms of communication. These include, but are not limited to, the following risks:

- a) **The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) recommends that E-mail that contains protected health information be encrypted. E-mails and SMS messages sent from this Provider and the Practice may not be encrypted, so they may not be secure.** Therefore it is possible that the confidentiality of such communications may be breached by a third party.
- b) E-mail and SMS messages can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- c) E-mail and SMS senders can easily mis-assign an E-mail or SMS.
- d) E-mail and SMS is easier to falsify than handwritten or signed documents.
- e) Backup copies of E-mail and SMS messages may

- exist even after the sender or the recipient has deleted his or her copy.
- f) Employers and on-line services have a right to inspect E-mail and SMS messages transmitted through their systems.
- g) E-mail and SMS messages can be intercepted, altered, forwarded, or used without authorization or detection.
- h) E-mail (and possibly SMS messages) can be used to introduce viruses into computer systems. The Practice server and/or computer system could go down and E-mail and/or SMS message may not be received until the server is back on-line.
- i) E-mail and SMS messages can be used as evidence in court.

2. CONDITIONS FOR THE USE OF E-MAIL, SMS (“TEXT MESSAGING”), AND OTHER FORMS OF ELECTRONIC COMMUNICATION

The Practice cannot guarantee but will use reasonable means to maintain security and confidentiality of E-mail, SMS, and other forms of electronic communication information sent and received. Practice and Provider are not liable for improper disclosure of confidential information that is not caused by Practice's or Provider's intentional misconduct. Patients must acknowledge and consent to the following conditions:

- a) **E-mail, SMS messaging, and other forms of electronic communication are not appropriate for urgent or emergency situations. Practice and Provider cannot guarantee that any particular electronic communication will be read and responded to within any particular period of time.**
- b) **If the patient's E-mail, SMS message, or other form of electronic communication requires or invites a response from**

Practice or Provider, and the patient has not received a response within two (2) business days, it is the patient's responsibility to follow-up to determine whether the intended recipient received the electronic communication and when the recipient will respond.

- c) The patient should schedule an appointment if the issue is too complex or sensitive to discuss via E-mail or SMS messages.
- d) **E-mail, SMS messages, and other forms of electronic communication may be printed and filed in the patient's medical record.**
- e) Although unlikely, office staff (if applicable) may receive and read your messages.
- f) Practice will not forward patient identifiable electronic communications outside of the Practice without the patient's prior written consent, except as authorized or required by law.
- g) The patient should not use E-mail, SMS messages, or other forms of electronic communication for communicating sensitive information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, or substance abuse. Practice is not liable for breaches of confidentiality caused by the patient or any third party.
- h) It is the patient's responsibility to follow up and/or schedule an appointment if warranted.
- i) This consent will remain in effect until terminated in writing by either the patient or Practice.
- j) My decision to allow the Provider to communicate with me by e-mail, SMS, or other electronic means is voluntary, and that treatment is not conditioned upon my election to do so.
- k) In the event that the patient does not comply with the conditions herein, Practice may terminate patient's privilege to communicate by E-mail, SMS, or other forms of electronic communication with Practice.

3. INSTRUCTIONS

To communicate by E-mail, SMS messaging, or other forms of electronic communication, the patient shall:

- a) Avoid use of his/her employer's computer.
- b) Put the patient's name in the body of the E-mail.
- c) Key in the topic (e.g., medical question, billing question) in the subject line.

- d) Inform Practice of changes in his/her E-mail address or SMS phone number.
- e) Acknowledge any E-mail, SMS message, or other electronic communication received from the Practice and/or Provider.
- f) Take precautions to preserve the confidentiality of all electronic communications.
- g) Protect his/her password or other means of access to E-mail, SMS, and other forms of electronic communication.

4. PATIENT ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of E-mail, SMS messages, and other forms of electronic communication between the Practice, Provider and me, and consent to the conditions and instructions outlined, as well as any other instructions that the Practice may impose to communicate with patient by E-mail, SMS, and/or other forms of electronic communication. If I have any questions, I may inquire with the Practice Privacy Officer, who is also the Provider.

I, for myself, my heirs, executors, administrators and assigns, fully and forever release the Provider and affiliates, shareholders, officers, directors, physicians, providers, agents and employees, from and against any and all losses, claims, and liabilities arising out of or connected with the use of such E-mail, SMS messages, and/or other forms of electronic communication.

Patient Signature _____

Date _____