

Ascend Mental Health Counseling PLLC

Electronic Communications Consent Form

Risks of Communication by Email, Text Message, and Other Non-Secure Means: It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. Receiving receipts/invoices for services by email or text message fall into this category as well. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept these messages.

Some of the potential risks you might encounter using these methods of communication include:

- People in your home or other environments who access your phone, computer, or other devices that you use might read your email or text messages.
- Loss of cellular phone, computer, or other devices.
- Email accounts can be hacked.
- Text messages and emails are stored on servers.
- Mis-delivery of email to an incorrectly typed address.
- Third parties on the Internet such as server administrators who monitor Internet traffic might intercept your communication.

If you choose to email or text message your therapist, please be aware that responses may not be returned right away, due to the nature of scheduling. For this reason, email and texting cannot and should not be used as a medium for crisis communication. If you are in crisis, please utilize your local Crisis Services Hotline, the National Suicide Prevention Hotline at 1-800-273-8255, or text HOME to 741741 for the Crisis Text Line. Electronic communication received outside of business hours will generally be responded to the next day, with the exception of a therapist being ill or on vacation.

Please circle the unsecured methods in which you approve/disapprove to be contacted:

May contact by telephone	No	Yes
May contact by text	No	Yes
May leave voice message	No	Yes
May contact by email	No	Yes
May send invoices/receipts by email	No	Yes

My signature below indicates I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

Signature:

Date: