

E-MAIL CONSENT FORM

Client's Name _____

Client's Address _____

Client's E-Mail Address _____

RISK OF USING E-MAIL

Consent with this form means that you give permission for the UA Psychology Clinic staff to use e-mail to communicate with you. Please understand that this permission is limited to information about scheduling appointments, but even limited use of e-mail includes some risks. Before signing please carefully read the following and discuss any questions with our staff and/or your clinician. E-mail risks include, but are not limited to, the following:

- a. E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
- b. E-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- c. E-mail senders can easily misaddress an e-mail.
- d. E-mail is easier to falsify than handwritten or signed documents.
- e. Backup copies of e-mail 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 archive and inspect e-mails transmitted through their systems.
- g. E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- h. E-mail can be used to introduce viruses into computer systems.
- i. E-mail can be used as evidence in court.

PROCEDURES FOR USE OF E-MAIL

The following outlines how the Psychology Clinic will handle e-mail communication with you.

- All e-mail messages to or from you will be made part of the Psychology Clinic record.
- All e-mail communication will be processed through the Psychology Clinic's generic email address, not a specific person's e-mail account. Staff check this email on an as needed basis.
- Although we will try to read and respond promptly to e-mail from you, we cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. This means that e-mail should not be used for emergencies or other time-sensitive matters. In an emergency, please call 911 or go to your nearest hospital emergency service.
- If you have not received a response from us within a reasonable time period, please understand that it is your responsibility to follow up to determine whether the intended recipient received the e-mail and when the recipient will respond.
- We will not include sensitive information in an e-mail to you and we ask that you do not include sensitive information in an e-mail to us.
- Please understand that it is your responsibility to protect access to your e-mail account.
- It is your responsibility to tell us if you change your e-mail address.

The Psychology Clinic staff do not communicate with clients via text messages (etc.) nor respond to text messages from clients.

The Clinic staff do not communicate with clients through social media platforms like Twitter, Linked In, Facebook, etc.

The Psychology Clinic staff do not communicate by e-mail with clients under the age of 18. If you are a parent/legal guardian consenting to e-mail communication concerning your child's appointments, please sign as the client's responsible party and provide your e-mail address. We need a separate consent form from each parent/legal guardian who wishes to exchange e-mails with the Clinic regarding scheduling appointments for a minor client.

CLIENT ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read and fully understand the information provided on this consent form. I understand the risks associated with the communication of e-mail between the Psychology Clinic and me, and consent to the conditions outlined herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that the Psychology Clinic may impose to communicate with clients by e-mail. Any questions I may have had were answered.

_____ Date: _____
(Client Signature **Consenting** to E-Mail Communication)

Witness Signature _____ Date: _____

Authorization Expiration Date or Event _____

(NOTE: After this date or event has passed, this authorization to e-mail will no longer be valid. Unless otherwise specified, an authorization will be valid for 12 months after the date it is signed.)

*******CLIENT DENYING E-MAIL COMMUNICATION**

By signing below I am confirming that I do not wish to communicate by e-mail.

_____ Date: _____
(Client Signature **Denying** E-mail Communication)

Witness Signature _____ Date: _____