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Consent for Use of Electronic Communication

My office offers clients including children under the age of 18 and adults the opportunity to communicate via email and text messaging. I will do my very best to protect the security and confidentiality of email and text information that is sent and received. However, transmitting information via email or text messaging has risks. Because of these risks, I cannot guarantee the security and confidentiality of electronic communication. Before giving consent, please consider some of the risks including:

- Email/texts can be received by unintended recipients
- Backup copies of email/texts may exist even after the sender of the recipient has deleted the copy
- Email/text may not be received by the clinician

Guidelines for the use of email in my practice are as follows:

- Email should not be used for emergencies or time sensitive information.
- Email will be processed during routine business hours and in the event that response is not received, the client is expected to contact the office directly.
- The clinician is not responsible for technology failure that may interfere with transfer of information.
- The clinician will not share, distribute, sell, or forward email to anyone else.
- The client acknowledges that email services are not necessarily secure and fall outside the security requirement set forth by Health Insurance Portability and Accountability Act for the transmission of protected information and understands the risk of exposure.
- The client acknowledges that the clinician or the client can terminate email communication services at any time.
- The client understands that she or he is responsible for notifying the clinician of her or his choice to discontinue email communication or of a change in email address.

Client Acknowledgement and Agreement:

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with electronic communication and consent to the use of electronic communication. I will not hold Elizabeth Roberts, PsyD liable for disclosure of electronic communication that is not caused by intentional wrongdoing.

Signature of client or parent/guardian
of clients under age 18

Date

Print name of client or child if under 18

Print name of parent/guardian