

Marshall University Psychology Clinic
Email Informed Consent*

In order to communicate with you by email, we need to make sure you are aware of the confidentiality and other issues that arise when we communicate this way and to document that you are aware of these issues and agree to them. If you plan on communicating with your therapist through email, please sign the form below.

*Note: if you are a parent signing permission to communicate about your child(ren), we need a separate consent form signed by both you and your child for the child to communicate separately through email with his/her therapist. * Throughout, the phrases "my therapist" and "my therapist(s)" should be understood to also mean "my child's therapist" and "my child's therapist(s)," respectively, if the client is a minor.*

I understand that all e-mail messages sent over the Internet by me or those affiliated with the Marshall University Psychology Clinic are *not encrypted*, are *not secure*, may be *misdirected*, and may be *read by others*. Therefore, neither my therapist(s) nor the Marshall University Psychology Clinic can guarantee the confidentiality and security of any information I send to anyone at the Marshall University Psychology Clinic. Likewise, I understand that e-mail communication sent by the Marshall University Psychology Clinic staff is not confidential and security of the information sent (including Protected Health Information) cannot be guaranteed. If e-mail communication is sent by a therapist or staff member, it will be limited to the minimum amount of communication necessary to meet the recipient's needs.

I hereby give permission for all my present and future Marshall University Psychology Clinic therapists or staff to initiate e-mail contact with me or reply to my messages via e-mail and include any information that they deem appropriate, that would otherwise be considered confidential. I agree that the Marshall University Psychology Clinic and any employees or agents of the Marshall University Psychology Clinic shall not be liable for any breach of confidentiality that may result from this use of e-mail via the Internet. I understand that email communication should not be used for urgent or sensitive matters since technical or other factors may prevent a timely answer. If I believe I need a response within 48 hours, I will not use e-mail but will call my therapist. If I do not receive an answer to a routine email message within three working days, I understand that I should call my therapist. I understand that while I (or my child) may request electronic communication, the therapist is not obligated to respond electronically if there are any concerns about the legitimacy of the email query or the identity of the email correspondent.

I understand that all e-mail communications may be documented and/or made part of my permanent clinical/medical record and would be accessible to all current and future Marshall University Psychology Clinic therapists and staff involved in my care.

I also understand that I may withdraw permission for therapists to communicate with me via e-mail by notifying my therapist in writing.

Client's Signature

Date

Parent/guardian's Signature (if client is a minor)

Preferred Email Address (please print)