



Counseling Center of Montgomery County PLLC

Waiver

The following business practices, though not all-inclusive, may constitute a potential risk to your confidentiality, in spite of the security measures that I have in place to protect your privacy. By signing below you understand and acknowledge the possible risk and your consent for such practices to be utilized.

- Use of an electronic calendar
- Use of a paper calendar
- Use of a cell phone for communication with you and other professionals
- Use of a laptop computer
- Use of unencrypted email
- Use of computerized billing
- Use of shared office space with the independent practices of other mental health professionals with potential access to, among other things, common storage and file space, mailboxes, voicemail, messages, fax machine and faxes.
- Use of shared administrative staff

EMAIL

I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email (and/or request and consent to be provided content by email), be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

TEXT MESSAGES

At your request and consent, I will communicate with you via text messaging. If you prefer to use texting to communicate, it is preferred to use this method of communication primarily for administrative issues, such as arranging or modifying appointments, or informing me of a late arrival for an appointment. Please do not text me content related to your therapy sessions, as texting is not completely secure or confidential. In addition, the use of text messaging to notify me of a clinical crisis is not appropriate, as I may not read these messages in a timely fashion or in a position to respond with the appropriate clinical care.

Acknowledgment and Consent

By signing this form, you are acknowledging that you understand and consent to what you have read above, and that we have discussed and clarified to your satisfaction any questions you may have had.

Signature of Client	Printed Name	Date

Signature of Parent(s), Guardian or Legally Authorized Representative	Printed Name	Date