

Insight Guidance

5049 Swamp Rd, Suite 305, Doylestown, PA 18923

ELECTRONIC COMMUNICATION CONSENT FORM

This form outlines the guidelines for electronic communication and documents your consent to use electronic communication with your or your therapist. In a medical emergency, do not use electronic communication. Dial 911, or proceed to your nearest emergency department.

Email: Email is not a private form of communication but is more like a postcard that can be viewed by anyone with access to certain areas of the Internet. We utilize a HIPAA compliant email server. However, email sent to or from your account may not be secured and encrypted. Email should not be used for urgent or emergent matters, as your therapist may not check email frequently enough to respond in a timely manner. Email may be used to address issues related to your care (e.g. appointment times, routine follow-up inquiries, referrals, billing questions) as long as you give consent.

If email is used, please note the following:

- 1) All clinically relevant emails regarding care with your therapist will be included in the patient's medical record.
- 2) If you have not received a response within 24 hours to an email you sent to your therapist, please phone them directly to follow-up.
- 3) Either you or your therapist may request via email or letter to discontinue using email as a means of communication.

Text Messaging: Your therapist may use a cell phone that receives and sends text messages. Text messaging is to be used for sharing non-personal information such as discussing appointment times or requesting a call back. Text messaging should not be used for discussing personal health information or urgent or emergent matters, as your therapist may not check texts frequently enough to respond in a timely manner.

If text messaging is used, please note the following:

- 1) All clinically relevant text message content regarding care with your therapist will be included in the patient's medical record.
- 2) If you have not received a response within 24 hours to a text message you sent to your therapist, please phone them directly for follow-up.
- 3) Either you or your therapist may request in writing to discontinue using text messaging as a means of communication.

DISCLAIMER: Insight Guidance, nor your specific therapist, are responsible for electronic communications that are lost due to technical failures. Although reasonable technical safeguards have been implemented, Insight Guidance cannot and does not guarantee the privacy, security, or confidentiality of electronic communications.

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Due to the nature of electronic communications, and the fact most popular email services/cell phone carriers do not utilize encrypted emails/text messages, there is a potential that emails and/or text messages may be intercepted, altered, forwarded, or read by others. If any of the foregoing presents a concern to you, you should not communicate electronically with anyone from Insight Guidance.

I acknowledge that I have read and fully understand this consent form and that I voluntarily give permission to use electronic communications with Insight Guidance to send and receive personal information related to my care.

Signature _____ Date _____