

# LIZ ANDERSON, LICSW

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# ELECTRONIC MEDIA CONSENT

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Please review the following policies regarding communication via electronic media.

I consent to participation in mental health treatment via video telehealth using the doxy.me web platform. While this website is compliant with guidelines from the Health Insurance Portability and Accountability Act (HIPAA), Liz Anderson, LICSW (the therapist) cannot guarantee privacy through this website. I agree to participate in sessions in a private space.

When participating in mental health treatment via telehealth, I agree to provide my street address to the therapist at the time of the appointment to be used in the case of medical or mental health emergency. I understand that I must be physically located in the state of Massachusetts to receive treatment due to licensing laws.

I acknowledge that email is not a secure medium and that the therapist cannot guarantee the privacy of information shared via email. Risks to privacy of communication via email include, among others:

- Lost or misplaced devices or devices left in an insecure location;
- An employer viewing the information, if you are using an email address connected to work; and
- Others using and/or viewing the device with which you communicate via email.

I acknowledge the recommendation of the therapist to use email for administrative purposes only, such as scheduling appointments, or for forwarding links for the [doxy.me](http://doxy.me) website or articles, books, etc. that may enhance mental health treatment.

I understand that, to protect my privacy and preserve the boundaries of the therapeutic relationship, the therapist will not accept friend requests or invitations to connect on social media from clients.

I understand that email communication will be read and responded to within 24-48 hours and thus is not appropriate in urgent or emergency situations.

I agree that this consent will be valid until the end of services with Liz Anderson, LICSW.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If not signed by client, relationship to client: \_\_\_\_\_