



**Meridian**  
HEALTH

1325 Airmotive Way  
Suite 240  
Reno, Nevada 89502  
(775) 737-9001 phone  
(775) 870-1628 fax

Technology Informed Consent Form

As your therapy provider, Meridian Health makes every reasonable effort to protect your confidentiality. However, most methods of electronic communication (e.g., texting, emailing, phone etc.) are not entirely secure and may be intercepted by a third party. For this reason, to best protect a client's privacy, it is recommended that any confidential communications take place in person or through the US Postal Service. In addition, payments made using electronic technology are also not protected. Paying in cash is the safest. Paying with checks is protected only to the extent that the bank protects its members' accounts.

According to HIPPA policies, clients, when informed and aware of risks to their privacy, do have the option to make their own choices as to what means of electronic technology they allow. Clients need to sign a consent form regarding the use of technology related to their mental health care.

I understand that there are risks to my confidentiality when I choose to have electronic technological communications with my therapist or staff at Meridian Health. Knowing these risks, I choose the following communication options (**Check all that apply. HIPPA requires that you must "opt in" for the communication methods that are acceptable to you**):

**Phone & Voicemail (Initial all that you accept):**

- I do not want to communicate via phone  
 Communication via the phone and voicemail is acceptable to me  
 I understand that this phone consent is given and offered only for brief contacts  
 I give permission for Meridian Health to use the phone to contact me for emergency reasons

**Email (Initial all that you accept):**

- I do not want to receive any communication via email\*  
 Communicating via non-HIPPA protected email is acceptable to me  
 I only want to communicate with Meridian Health using their HIPPA compliant email service

\*Emailing is an option for appointment management, forms, billing or policy updates, occasional brief pre-arranged client check-ins, resource, or related information

**Text (Initial all that you accept):**

- Communicating via text is acceptable to me\*\*  
 I do not want to receive any contact via text

\*\*Texting is an option for appointment management, occasionally sharing a brief pre-arranged client check-in, resources, or related information



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- I have identified above the electronic technology that is acceptable to me at this time
- I do recognize the potential risk of compromise to my confidentiality by using the options I have chosen
- I understand that I have the option to change my mind about any of my choices listed above and that any changes I make need to be in writing.

**Initial:**

\_\_\_\_\_ I, the client, have received, reviewed, and had ample opportunity to discuss Meridian Health's Technology Consent Form

\_\_\_\_\_ I understand, and assume the confidentiality risks, regarding those electronic technological communications that I have chosen above

\_\_\_\_\_ I understand the risks to my confidentiality if I choose to pay my bill using a debit or credit card, or bank check

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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