

155 North Michigan Ave., Suite 622
Chicago, IL 60601
www.chicagopsychservices.com
312-912-3978

CONSENT FOR ELECTRONIC COMMUNICATION

I _____ choose to enjoy the convenience of electronic communication (email, eFax, fax, text, internet instant messaging, etc.) with this office (Chicago Psychology Services) and understand that, as with any form of communication (including print and telephone communication), there is a risk of interception by third parties.

I understand electronic correspondence transmitted or received on a Mental Health Provider's computer or a computer (or cell phone, tablet or other device) used by others may not preserve confidentiality and doctor-patient privilege.

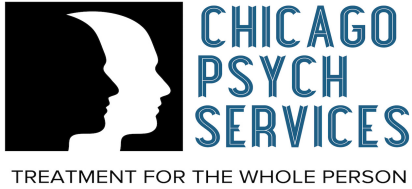
I understand Illinois and United States Federal law governs confidentiality and doctor-patient privilege, which may not exist in countries other than the United States.

I will be responsible for providing a secure email address. I have been advised that G-Mail and other free email services often have provisions in their user agreements that may be construed to allow non-confidential communication.

I understand this office intends that all communication with one another is confidential, between the client and us under Illinois and Federal law no matter where it takes place.

Email and Electronic Communications

E-mail and other electronic communications are not a secure way to communicate or transmit information or records. This office uses e-mail to communicate with our client only about administrative or billing matters, such as setting or changing appointments or addressing payment issues. Similarly, the client agrees to use e-mail to communicate with the doctors or therapists only about administrative or billing matters. If, despite the above, the client uses e-mail to transmit non-administrative information or records (i.e., information or records pertaining to the issues in the client's case) to this office, the client does so at his/her own risk and understands that the



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transmission of such information and/or records by e-mail is not secure and may result in unauthorized persons viewing or obtaining this information and/or records.

Email/Text Communications

I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please to call to schedule an appointment or wait so we can discuss it during your therapy session. The face-to-face communication simply is much more secured as a mode of communication.

By signing tis form, you are stating that you understand and agree to the above statements.

Signature: _____ Date: _____