

Communication opt-in form and consent for email and texting

Ravenwater Counseling LLC / Shawn Crawford LPCC

750 Broadmoor Blvd NE suite D, Rio Rancho, NM 87124

Client name _____

1. Risk of using email/texting: The transmission of client information by email and/or texting has risks that clients should consider prior to the use of email and/or texting or consent to receive email and/or texts. These include, but are not limited to, the following risks

- a. Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b. Email and text senders can misaddress an email or text and send the information to an unanticipated recipient.
- c. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
- d. Employers and on-line services have a right to inspect emails sent through their company systems.
- e. Emails and texts can be intercepted, altered, forwarded or used without authorization or detection by the therapist.
- f. Email and texts can be used as evidence in court.
- g. Emails and texts may not be secure on both sides of an email or text communication and therefore it is possible that the confidentiality of such communications may be breached.

2. Conditions for the use of email and texts: Therapist cannot guarantee but will use reasonable means within their control (for example, HIPAA-compliant communication resources) to maintain security and confidentiality of email and text information sent and received. Therapist is not liable for improper disclosure of confidential information that is not caused by the therapist's conduct.

Clients must acknowledge and consent to the following conditions

- a. Email and texting is not appropriate for urgent or emergency situations. Provider cannot guarantee that any particular email and/or text will be read and responded to within any specific period of time.
- b. Email and texts should be concise and clients should not use email or texts for communication of sensitive medical information. It is the client's responsibility to initiate a call or request a voice-to-voice phone conversation and/or schedule an in-person appointment if warranted to discuss complex situations and/or sensitive information.
- c. The content of email or texts may be printed, transcribed or otherwise entered into the client's medical record.
- d. Provider will not forward client's identifiable emails and/or texts without the client's written consent, except as authorized by law.
- e. Clients should not use email or texts for communication of sensitive medical information.
- f. Provider is not liable for breaches of confidentiality caused by the client or any third party.

3. Client Acknowledgement and Agreement: I acknowledge that I have read this consent form and had the opportunity to ask my therapist questions about its contents. I understand there are risks associated with using email and/or phone-based texting for communication between myself and my therapist, and I hereby acknowledge and consent to the conditions and instructions outlined above. I understand that my therapist may impose additional instructions for communicating with me by email or text.

Client Signature _____ Date _____

Opt-in agreement:

My signature below indicates consent to participate in the communication method(s) marked (opt-in)

_____ I consent to receive text messages from my therapist Shawn Crawford of Ravenwater Counseling LLC for purposes of arranging for and/or conducting my healthcare services

_____ I consent to receive emails from my therapist Shawn Crawford of Ravenwater Counseling LLC for purposes of arranging for and/or conducting my healthcare services

Client Signature _____ Date _____

NOTE: Clients may revoke their consent for text and/or email communication by providing notice of this desired change directly to Shawn Crawford of Ravenwater Counseling LLC.