

Electronic Communication Consent Form

Our goal is to communicate in ways that safeguard therapeutic boundaries while ensuring the security and confidentiality of your treatment and in ways that are ethical, legal and HIPAA compliant. Please read this policy carefully, and if you have any questions, please discuss them with your clinician.

LifeCare utilizes a secured, encrypted and HIPAA-compliant Electronic Health Records platform called Therapy Appointment. New Clients are asked to create an account with Therapy Appointment and use the Client Portal. This is the official means of communication of transmitting PHI including Client Paperwork, Insurance/Payment and other information during the course of your therapy.

Clinical records may be sent via Therapy Appointment and/or a secured, HIPAA compliant fax system by LifeCare upon a client's explicit, written consent. While these methods are secured means of transmission, LifeCare Counseling is not responsible or liable from unauthorized attempts to access, use, or disclose personal information exchanged electronically. This includes text messages and emails. **Due to limitations in security, please do not email or text your clinician about clinical/therapeutic matters.** If you need to discuss private and sensitive information with your clinician, please call your therapist directly, or wait to discuss it in your next session. The telephone and face-to-face context are the most secure modes of communication.

By signing below, I am authorizing **LIFECARE COUNSELING** to communicate with me via email and/or text messaging for ADMINISTRATIVE PURPOSES ONLY. I understand that appointment reminders will be automatically sent upon given this permission, via a secured, HIPAA-compliant platform and will NOT contain any personal/identifiable information or Private Health Information (PHI). I give my consent to have automated reminders sent to my mobile number provided below. I understand that if I prefer an email reminder, I need to request and denote that preference below.

APPOINTMENT SCHEDULING/REMINDERS

PLEASE CHOOSE ONE OF THE FOLLOWING METHODS FOR APPOINTMENT SCHEDULING/REMINDERS.

I include my Mobile Number here granting permission for **TEXT Messages** from Therapy Appointment and/or LifeCare Counseling for APPOINTMENT SCHEDULING/REMINDERS.

MOBILE NUMBER: _____

I include my Email Address here granting permission for **EMAIL** communications from Therapy Appointment and/or LifeCare Counseling for APPOINTMENT SCHEDULING/REMINDERS.

EMAIL ADDRESS: _____

 Client Signature

 Date

 Parent/Guardian Signature (if minor)

 Date

Client will coordinate with LifeCare Counseling on alternative communication methods (I.E. TELEPHONE COMMUNICATION ONLY).