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Client Email/Phone/Texting Informed Consent Form

You may give me permission to communicate with you by email, phone, and text message (also known as SMS). The form provides information about the risks of these forms of communication, guidelines for email/phone/text communication, and how I use email/phone/text communication. It will also be used to document your consent for these forms of communication. If you choose to give your consent, you may withdraw your consent at any time by telling me in person or communicating with me by phone/text/or email.

Risks of using email/text:

The transmission of client information by email, phone, and/or texting has a number of risks that clients should consider prior to the use of these forms of communication. These include, but are not limited to the following risks:

- Emails, phone calls/voicemails, and text messages can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
- Backup copies of emails and texts may exist even after the sender and/or recipient has deleted his/her copy.
- Employers and online services have a right to inspect emails sent through their company systems.
- Emails, phone calls, voicemails, and texts can be intercepted, altered, forwarded, or used without authorization or detection.
- Emails, voicemails, and texts can be used as evidence in court.
- Emails, phone calls, voicemails, and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.

Conditions for the use of email and texts:

I cannot guarantee but will use reasonable means to maintain the security and confidentiality of email, phone, voicemail, and text information sent and received. I am not liable for improper disclosure of confidential information that is not caused by my intentional misconduct.

Clients must acknowledge and consent or decline consent to the following conditions:

- I cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time. I will respond to text messages, voicemails, and emails Monday -Friday between the hours of 9 AM -6 PM unless otherwise specified.

- Email and texting are not appropriate for urgent or email situations. If you experience a mental health emergency and cannot reach me (not my voicemail) immediately by phone, please go to your nearest emergency room and/or call 911.
- Emails and texts should be concise. Complex issues should be discussed during your appointment.
- Email communications will usually be printed and filed in your medical record. Texts may be printed and filed as well.
- Clients should not use email or text for communication of sensitive information.
- I am not liable for breaches of communication caused by the client or any third party.

Client Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of cell phone, email, and/or texts between my provider and me, and consent to the conditions and instructions outlined, as well as any other instructions that my provider may impose to communicate with me by email or text. By signing this form, I authorize my provider to send text messages to the cell phone recorded on my intake form regarding scheduling and treatment. I understand that standard messaging rates will apply to any messages I receive. I also understand that I may revoke this permission in writing at any time or by replying **STOP** to my provider by text or by email. I agree not to hold the provider liable for any electronic messaging charges or fees generated by this service. I further agree that in the event that my cell phone number changes, I will inform my provider immediately.

- ____ I accept and DO want to receive emails.
- ____ I accept and DO want to receive text messages.
- ____ I decline and DO NOT want to receive emails at this time.
- ____ I decline and DO NOT want to receive texts at this time.

Client name: _____

Client signature: _____ Date: _____

Provider name: _____

Provider signature: _____ Date: _____