

**Important Information About Provider/Patient Electronic Communication**

As a client of *Freedom Counseling Services LLC*, you have the right to request we communicate with you through electronic communications (email and texting). It is also your right to be informed in sufficient detail about the risks of communicating electronically with your health care provider or office, and how *Freedom Counseling Services LLC* will use and disclose provider/patient email and texts.

**PLEASE READ THIS INFORMATION CAREFULLY**

Electronic communications are two-way communications. However, responses and replies to emails and texts sent to or received by either you or your mental health care provider may be hours or days apart. This means that there could be a delay in receiving treatment for an acute condition. If you have an urgent or an emergency situation, you should not rely solely on provider/patient electronic communication to request assistance or to describe the urgent or emergency situation. Instead you should seek assistance by means consistent with your needs.

Electronic communications on your computer, your laptop, or your PDA have inherent privacy risks – especially when your email access is provided through your employer or when access to your emails and texts are not password protected. Unencrypted electronic communication is not private. You should not communicate information electronically with your mental health care provider that you wish to remain private.

In addition to privacy risks, there are other risks as well. Emails and texts may be inadvertently overlooked or the content may be misunderstood or misinterpreted.

At your mental health care provider's discretion, your emails and texts and any responses to them may become part of your medical record.

Communications over the internet and/or using emails/texting are not encrypted and are insecure. There is no assurance of confidentiality of information when communicating this way. If you would like to communicate in this way, you must agree to the following terms and conditions:

- (1) This request applies only to *Croy Counseling*
- (2) *Croy Counseling* will not communicate health information that is specifically protected under state and federal law (e.g. HIV/AIDS information, substance abuse treatment records, mental health information) via email/texting even if we agree to communicate with you via electronic communication.

**Please specify the email address to which communications should be addressed:**

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**Please specify the area code and phone number to which texts should be addressed:**

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I certify the email address/phone number provided on the Request is accurate, and that I or my designee on my behalf, accept full responsibility for messages sent to or from this email address/phone number. I acknowledge that I have received a copy of the *Important Information About Provider/Patient Electronic Communications* form, and I have read and understood it.

I understand and acknowledge that communications over the Internet and/or using emails/texting are not encrypted and are inherently insecure; that there is no assurance of confidentiality of information when communicated this way. I agree to hold *Croy Counseling*, and individuals associated with it harmless from any and all claims and liabilities arising from or related to the Request to communicate via email/texting.

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**Signature of patient or personal representative**

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**Date**

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**If personal representative, authority to act on behalf of patient**