



Lighthouse Child & Family Services

Client Email/Texting Informed Consent Form

Privacy Concerns

- The manner in which you contact your provider may vary as every provider has different limits and levels of comfort around contact with clients. There are certain times when your provider may determine that emailing, calling or texting by cell phone may be appropriate.
- Outside of the office, contact involves managing your privacy in a different way as the use of cell phones, email, voicemail, and text messages are not secure forms of communication and confidentiality cannot be ensured when using these methods of communication.
- Your provider is not able to completely assure any information that you leave in their personal (non-office) voicemail box, text message, or email can be completely protected as there is no guaranteed way to secure these communication modes.
- Your provider is committed to protecting your personal information to the best of their ability but wants you to understand the limits of their power to do so.
- The transmission of client information by email and/or texting has a number of risks that clients should consider prior to the use of email and/or texting. These include but are not limited to the following risks:
 - Email 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 text messages may exist even after the sender and/or the recipient has deleted his or her copy.
 - Email and text messages can be intercepted, altered, forwarded or used without authorization or detection.
 - Email and text messages can be used as evidence in court.
 - Email and text messages may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.

Informed Consent

- I understand and agree to the guidelines written above for texting and/or calling my provider on personal cell phones outside of normal business hours.
- I understand that email and texting is not appropriate for urgent or emergency situations and my provider cannot guarantee that any particular email and/or text will be read and responded to within a particular period of time.
- I agree to call Crisis Services (1-800-223-3333) or 911 as needed in life-threatening emergencies.
- I am aware of the limitations of privacy that occur while using cell phones, email and texting and have discussed any concerns I have with my provider.
- I understand that my provider, for any unforeseen circumstance, may not receive or return my text, email, or phone call outside of normal business hours.
- I understand that my provider is not an Emergency Service or Crisis Provider.
- I understand that I may revoke this authorization at any time, but not retroactive to the release of information made in good faith.

Client Signature _____ Date _____

Therapist Signature _____ Date _____