

Client E-Mail Usage Consent

Your therapist will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks identified below, your therapist cannot guarantee the security of email communication, and is not liable for improper disclosure of confidential information that is not caused by the therapist's intentional misuse.

RISKS OF USING E-MAIL TO COMMUNICATE WITH YOUR THERAPIST

Transmitting client information by e-mail has a number of risks that clients should consider before using e-mail to communicate with your therapist. These include, but are not limited to, the following risks:

- E-mail can be circulated, forwarded and stored in numerous paper and electronic files.
- E-mail can be immediately broadcast worldwide and be received by unintended recipients.
- E-mail senders can easily type in the wrong email address.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies or e-mail may exist even after the sender or the recipient has deleted his or her copy.
- Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
- E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- E-Mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.

CLIENT OBLIGATIONS WHEN CONSENTING TO E-MAIL

- Use e-mail for general client information only. Do not use e-mail for medical emergencies, other time sensitive matters, or for non-general medical information. Include your name in the body of the message and identify the category of question in the subject line. Include a phone number where you can be reached. Please review your e-mail to make sure your question is as clear as possible.
- Follow-up with your therapist if you have not received a response to your email within 5 business days.
- Take precautions to preserve the confidentiality of e-mail. Use screen savers and safeguard your computer password.
- Inform your therapist of any changes to your e-mail address.
- Withdraw consent to email client information through hardcopy written communication to your therapist.

ALTERNATE FORMS OF COMMUNICATION

I understand that I may also communicate with the therapist via telephone or during a scheduled appointment and that the e-mail is not a substitute for the care that may be provided during an office visit. Appointments should be made to discuss any new issues as well as any sensitive information.

TYPES OF E-MAIL TRANSMISSIONS THAT CLIENT AGREES TO SEND AND/OR RECEIVE

The types of information that can be communicated via e-mail with your therapist includes: appointment scheduling requests, billing and insurance questions and patient education. Your therapist will not engage in email communication that is unlawful, such as unlawfully practicing therapy across state lines. If you are not sure if the issue you wish to discuss should be included in an e-mail, you should call your therapist's office to schedule an appointment.

HOLD HARMLESS

I agree to indemnify and hold harmless the therapist, his/her therapy practice, the Brief Therapy Institute of Denver and its officers, website designers and maintainers from and against all losses, expenses, damages and costs, including reasonable attorney's fees, relating to or arising from any information loss due to technical failure, my use of the internet to communicate with the therapist or the use of the therapist's web-site, any arrangements you make based on information obtained by the Site, any products or services obtained through the Site, and any breach by me of these restrictions and conditions. The therapist does not warrant that the functions contained in any materials provided will be interrupted or error-free, that defects will be corrected, or that the therapist's website or server that makes such site available is free of viruses or other harmful components.

TERMINATION OF THE E-MAIL RELATIONSHIP

The therapist shall have the right to immediately terminate the e-mail relationship with you if he/she determines, in his/her sole discretion, that you have violated the terms and conditions set forth above or otherwise breached this agreement, or have engage in conduct which the therapist determines, in his/her sole discretion to be unacceptable. The e-mail relationship between the therapist and the client will terminate in the event the therapist, in his/her sole discretion, no longer wishes to utilize the e-mail to communicate with all of his/her patients.

FORWARDING E-MAIL

I understand that there may be times in which the therapist must forward the information I have provided via e-mail to a third party for treatment, billing and payment purposes. I expressly provide my consent to allow the therapist to forward these e-mails to a third party under these conditions and evidence my consent by placing my initials below:

_____ (please initial if you agree)

CLIENT ACKNOWLEDGEMENT AND AGREEMENT

I have discussed with the therapist and acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of e-mail between the therapist and me, and consent to the conditions herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that the therapist may impose to communicate with patients by e-mail. Any questions I may have had were answered.

Client Signature

Date

Printed Name

Therapist Signature

Date

Client E-Mail Address: _____