



A Licensed Clinical Social Worker Corporation

Patient's Right for Confidential Communications

In order to protect the privacy and confidentiality of your financial, clinical, or scheduling information, please complete the following which tells me how you would like to be contacted.

I wish to be contacted in the following manner (check all that apply):

Phone Communications (check all that apply):

Home Phone Number (On Assessment Form) Work Phone Number (On Assessment Form)
 Cell Phone Number (On Assessment Form)

Types of Messages (check all that apply):

- Leave message with your name and our call-back # only
- Leave message with clinical, scheduling, or financial information
- List anyone with whom you give permission to share information:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

E-mail Communications

E-mail address _____

* Please read the following notice on consent to use unencrypted e-mail or text:

Consent To Use Unencrypted E-Mail Or Text

It is very important that you are aware that computer e-mail, texts, and e-fax communication, can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails, texts and e-faxes that go through them. While data on InPsych Center's computers are encrypted, e-mails, e-faxes, and texts are not. It is always a possibility that e-faxes, texts, and e-mail can be sent erroneously to the wrong address, number, or computers. E-mail messages on your computer, your laptop, iPad, phone or other devices have inherent privacy risks – especially when your e-mail access is provided through your employer or when access to your e-mail messages is not password protected.

InPsych Center's computers are equipped with a firewall, a virus protection and a password, and all confidential information from the computer is backed up on a regular basis onto an encrypted drive. Please, note that e-mails, faxes, and texts are all part of your clinical records. Also, be aware that phone messages may be transcribed and sent to your therapist via unencrypted e-mails.

Please notify your therapist if you decide to avoid or limit, in any way, the use of e-mail, texts, cell phone calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted e-mail, texts, e-fax, or phone messages, it will be assumed that you have evaluated the risks and agree to take that risk. Please do not use texts, e-mail, voice mail, or faxes for emergencies.

Your therapist will continue to communicate with you according to your above response(s) until you change your preferences. You may do so my completing a new form.

By your signature below, you agree to communication in the above manner.

Patient Signature _____

Patient Name _____ Date _____