

SHANNON WEISE COUNSELING, LLC

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Harrisburg, PA 17110

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INFORMED CONSENT FOR EMAIL/TEXT MESSAGES

Notice to Clients: Use of e-mail or text communications between clients and their therapists have risks regarding protection of your private health care information, for example:

- The possibility exists for electronic communication to be intercepted by someone who is not the intended recipient.
- Intercepted electronic communication messages can be stored and printed by the unauthorized recipient.
- It is possible for your identity to be determined from knowing your email address or mobile phone number.
- The sender's name and/or the content of a message can be changed by an unauthorized person who gets access to the message.
- Electronic communication is easily, and sometimes accidentally, forwarded to unintended recipients.
- Email can transport computer viruses and other malicious software.
- Receipt of electronic communication sometimes is not noticed, nor responded to, in a timely manner.
- Email should never be used to communicate emergency, urgent or other time-sensitive information.
- Detailed identifying information, diagnoses and treatment information about you should not be put in the subject line or body of an email message, be transmitted as an attachment to an email or be sent as a text message.
 - **Email and text are to communicate about appointments only-therapy services are not provided in this manner.**
- I. I have read and understand the information provided in the Notice to Clients above.
- II. I understand that Shannon Weise Counseling, LLC is required by Federal and State Law to try to protect my private health care information, which is the reason I am being informed of risks involved.
- III. I understand that I am not required to participate in electronic communication, but if I do consent, I may withdraw this consent at any time by notifying my therapist.

I hereby give my informed consent to participate in Electronic Communication with my therapist.

Signature of Client (A minor client's signature is required if the minor is age 14 or older):

Date:

Signature of Therapist:

Date:

Copy Offered: ____ Declined ____ Accepted