

Consent for Non-Secure Communications

Read this information carefully before signing

It may become useful during the course of treatment to communicate by email, text message (“SMS”) or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with your therapist, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email.
- Third parties on the Internet such as server administrators and others who monitor Internet traffic
- Hackers or other bad actors

If there are people in your life that you don’t want accessing these communications, please talk with your therapist about ways to keep your communications safe and confidential.

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

I consent to allow Moontree Psychotherapy Center therapists to use unsecured email and mobile phone text messaging to transmit to me the following protected health information: **(Check all that apply. Cross out those that don’t apply)**

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment
- Completed forms, including forms that may contain sensitive, confidential information
- Information of a therapeutic nature, including personal material relevant to my treatment
- My health record, in part or in whole, or summaries of material from my health record
- Other information. Describe: _____

Allowed email address: _____

Allowed mobile phone number: _____

I understand that my therapist also offers the following, more secure means of communication. While it cannot be guaranteed that they will prevent 100% of confidentiality breaches, they are designed with the intention of supporting the confidentiality of clinical communications: **(Check all that apply. Cross out those that don’t apply)**

- Voicemail
- Encrypted email
- Other: _____

(Signature of client)

Date

(PRINT NAME OF CLIENT)