

Electronic Communication Consent Form: Text and Email Correspondence

Alycen Davis Therapy LLC

Client Name: _____

Date of Birth: _____

Date: _____

Introduction

At Alycen Davis Therapy LLC, we may use electronic communication methods such as email and text messaging to communicate with you regarding scheduling, billing, and other administrative matters. However, not all electronic communication methods are **HIPAA compliant**, meaning there is a risk that your protected health information (PHI) could be intercepted or accessed by unauthorized parties. If you need a HIPAA protected messaging platform for protected health information (PHI) you may message Alycen through secure messaging in your Simple Practice in your client portal. Alycen will not send PHI through text, but if you do, then you accept risk of the information not being protected.

Potential Risks

By consenting to electronic communication, you acknowledge and accept the following risks:

- Emails and text messages may not be encrypted and could be accessed by unauthorized individuals.
- Messages could be sent to the wrong recipient due to human error.
- Electronic communication is not a substitute for therapy sessions or emergency care.

Guidelines for Electronic Communication

- **Limited Use:** Email and text communication should be used primarily for administrative purposes, such as scheduling and billing.
- **Confidentiality:** Avoid sharing sensitive personal or clinical information via text or email.
- **Response Time:** Electronic messages through SMS or email will be answered within 24 hours (usually earlier). If you need crisis support urgently, please call 988 or text the crisis line at 741741 and say “home” until Alycen is able to respond and schedule an urgent session with you. Alycen will ask to schedule a session if you are in crisis because using text interventions are not as effective during a crisis situation.

- **Opting Out:** You may withdraw your consent for electronic communication at any time by notifying your therapist in writing.

Consent

I understand that electronic communication (including emails and text messages) may not be HIPAA compliant and that there are risks to my personal health information being compromised. I acknowledge that I have been informed of these risks and consent to limited electronic communication with **Alycen Davis Therapy LLC**.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____