Patient Texting, Email, and Video Conferencing Consent Form

**Risks of using electronic communications**:

The use of electronic communication (text, email, and videoconferencing such as Skype) carries a number of risks that psychotherapy patients should be aware of before using electronic communication as a part of the therapy process.

* Dr. Zitlin cannot guarantee the security and confidentiality of any electronic communications, even those using encryption.
* Email and texts can be circulated, forwarded, intercepted, and stored electronically or on paper, and/or broadcast to unintended recipients without patient or therapist permission.
* Employers and online service providers may have a legal right to inspect and keep electronic communications that occur on their systems.
* Even after deletion, backup copies may exist elsewhere on a computer system.
* Videoconferencing (such as Skype), can be open to interception by third parties.
* Emails and text:
	+ Can be disclosed in accordance with a court order, or a duty to disclose.
	+ Can be more easily misdirected, increasing the risk of going to unintended recipients.
	+ Can be easier to falsify than handwritten or hard copies. It is virtually impossible to verify the true identity of the sender, or to ensure that only the recipient read the message once it has been sent.
	+ Have inherent limitations, and cannot be expected to properly substitute for face-to-face, telephone, or videoconferencing interaction.

**Conditions for the use of electronic communications with Dr. Zitlin**:

Dr. Zitlin cannot guarantee but will use reasonable means to maintain security and confidentiality of electronic communications (text, email, and videoconferencing).

* Electronic communication is not appropriate for urgent or emergency situations, as Dr. Zitlin cannot guarantee that any given electronic communication will be read or responded to at within any particular time frame.
* You agree to inform Dr. Zitlin if there is any type of information that you do not wish to be communicated electronically.
* Reasonably limit or avoid using employers’ or third party computers when using electronic communication.
* You should use caution, and avoid when possible, transmitting sensitive personal medical information using electronic communication.
* Email and text may be included in your medical record.
* Has inherent limitations, and cannot be expected to properly substitute for face-to-face, telephone, or videoconferencing interaction.
* Dr. Zitlin will:
	+ Attempt to respond to electronic communications in a timely fashion.
		- If you have not received a response from Dr. Zitlin within a reasonable time period, it is *your* responsibility to follow up.
	+ Forward electronic communications to his staff as needed.
	+ Make a reasonable effort to use encrypted electronic communication when possible.
	+ Is not responsible for information loss due to technical failures associated with your software or internet service provider.

**Patient Acknowledgement and Agreement**:

I acknowledge that I have read and fully understand the risks, limitations and conditions of use, and the instructions for use of electronic communications as a component of my psychotherapy with Dr. Zitlin as described. I fully understand and accept the risks associated with the use of electronic communication with Dr. Zitlin and his staff. I agree to follow the conditions described. I understand that electronic communication may not be encrypted. I acknowledge that Dr. Zitlin or I may at any time cancel the option to use electronic communication as a component of my psychotherapy by providing written notice. Any questions that I had have been answered.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *PLEASE PRINT CLEARLY*

Online “Identity” or Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For Skype, Hangouts, Duo, etc.)

 *PLEASE PRINT CLEARLY*

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_