

EMAIL CONSENT FORM

I, \_\_\_\_\_ hereby consent to the  
(Client Name)  
use of electronic communication between myself/our family & Naomi Heller, MSW, LICSW. By giving this consent, I acknowledge that I have discussed the following information with my therapist:

- 1) Naomi Heller, MSW, LICSW offers you the choice to send/receive information electronically including but not limited to text messages and emails. The risks for this form of communication may include the following:
  - Emails may be forwarded and stored in paper and/or electronic files.
  - Your email may inadvertently be delivered to people you had not intended to receive it.
  - It is very easy to write the incorrect address on an email or enter an incorrect phone number when texting.
  - Even when emails or text messages are deleted, backup copies may exist.
  - Emails sent from employers’ networks have the right to save and/or read emails that are sent from their systems.
  - Others may be able to intercept your email.
  - Emails can be used to spread computer viruses.
  - Email and text messages may be used as evidence in court.
- 2) Naomi Heller, MSW, LICSW works to keep your electronic communication private, however, complete security cannot be guaranteed and your therapist is not liable except in circumstances where there has been provider misconduct.
- 3) Emails may be printed and stored in a file which could be seen/read by anyone that has authority to access the file.
- 4) Email and/or texting are not appropriate in emergency situations. It is expected that you still comply with any crisis plans or procedures.
- 5) You must notify your provider if there is any information you do not want sent via text or email.
- 6) If you no longer would like to send/receive information electronically, it is your responsibility to communicate that to your provider.
- 7) Please note that email is primarily for scheduling purposes or very brief communication. Communication is expected to be in person. Insurance will only cover sessions. Client’s are charged the hourly rate for therapy divided into 10 minute segments when applicable.

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Clinician Signature)

\_\_\_\_\_  
(Date)