

## **Acknowledgement and Consent to Use Electronic Communication**

I have been advised and understand that the use of email, cell phone texting, and other forms of technology in psychotherapy has not been defined as a best-practice strategy. I have also been specifically advised of the following:

1. Email/texting communication with True North Psychological Services will be used for the purpose of simplifying and expediting scheduling/administrative matters only.

2. Email/texting communication is NOT to be used to provide/receive treatment services or take the place of therapy sessions. Therefore, email/texting should NOT be used to communicate:

- Suicidal or homicidal thoughts or plans
- Urgent or emergency issues
- Serious or severe side effects or concerns
- Rapidly worsening symptoms

3. In a life-threatening emergency, clients should:

- Call 911
- Proceed to the nearest hospital emergency room
- And/or call the crisis hotline at 1-800-479-3339

4. Any information exchanged electronically or with the use of technology increases the risk of confidentiality breaches. No technology is 100% secure and the therapist cannot guarantee protection from unauthorized attempts to access, use, or disclose personal information exchanged electronically.

5. The use of email, cell phone, or other forms of technology does not change the fact that the service provided by True North Psychological Services are weekly 45-60-minute psychotherapy sessions scheduled and confirmed by both parties in advance of the sessions. True North Psychological Services does not provide crisis intervention, and email/cell phone texting is not a reliable way of obtaining urgent help from the therapist in an emergency. I have thoroughly considered all of the above information, and I have obtained whatever additional input and/or professional advice I deem necessary in making an informed decision regarding email/texting communication.

By signing, I consent to the use of email/cell phone texting as needed for scheduling and administrative purposes only, within the guidelines above. If more urgent help is needed, I will utilize the crisis services listed above. Furthermore, if at any time my therapist or I believe email/texting is interfering in my therapeutic process or being used ineffectively, either of us can revoke this consent verbally, refuse to respond to emails/texts and insist upon a verbal conversation before proceeding.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_