

Electronic Communication Informed Consent

You may give permission to Rachel Weisser, LCSW / Weisser Wellness (Provider) to communicate with you by email and text message (also known as SMS). This form provides information about the risks of these forms of communication and conditions for email/text communication and it also will be used to document your consent for communication with you by email and text message.

IN A MEDICAL EMERGENCY, DO NOT USE EMAIL, CALL 911. If experiencing a mental health crisis, please call the Wasco County crisis line at (541) 296-6307 / (888) 877-9147 (after hours). You may also contact the Mid-Columbia Center for Living during business hours for crisis support at (541) 296-5452.

Risks of using email and text messages: The transmission of client information by email and/or texting has a number of risks that clients should consider prior to the use of email and/or texting. These include, but are not limited to, the following risks:

- Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
- Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
- Employers and on-line services have a right to inspect emails sent through their company systems.
- Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
- Email and texts can be used as evidence in court.
- Emails and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.
- Text messages may incur fees based on your cellular provider

Conditions for email/text usage: Provider cannot make any guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received.* Provider is not liable for improper disclosure of confidential information that is not caused by Provider’s intentional misconduct. Clients/Parent’s/Legal Guardians must acknowledge and consent to the following conditions:

- Email and texting is not appropriate for urgent or emergency situations. Provider cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.
- Email and texts should be concise. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
- All email will usually be printed and filed into the client’s medical record. Texts may be printed and filed as well.
- Provider will not forward client’s/parent’s/legal guardian’s identifiable emails and/or texts without the client’s/parent’s/legal guardian’s written consent, except as authorized by law.
- Clients/parents/legal guardians should not use email or texts for communication of sensitive medical information.
- Provider is not liable for breaches of confidentiality caused by the client or any third party.
- It is the client’s/parent’s/legal guardian’s responsibility to follow up and/or schedule an appointment if warranted.

* Please see the Notice of Privacy Practices for more specific information related your health information and your rights regarding privacy matters. You have the same right to access this information if it is included in your medical record.

Acknowledgement and agreement: I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email and/or texts between Provider and me, and consent to the conditions and instructions outlined, as well as any other instructions that Provider may impose to communicate with me by email or text. I understand that I may revoke this consent at any time by so advising MCCFL in writing. My revocation of consent will not affect my ability to obtain future health care nor will it cause the loss of any benefits to which I am otherwise entitled. I have received a copy of the Notice of Privacy Practices where further information as to permitted uses of your health information and your rights regarding privacy matters. You have the same right to access this information if it is included in your medical record.

Client/Authorized Representative Printed Name: _____

Client/Authorized Representative Signature: _____ Date: _____

Provider name: **Rachel Weisser, LCSW**

Provider signature: _____ Date: _____