

Client Consent for Use of Email Communication

For routine matters that do not require immediate response or therapeutic intervention, please feel free to email the office at Info@newfocuscounseling.com. You may also email your clinician directly. Remember, however, this form of communication:

- Is not appropriate for use in an emergency.
- Is a means of communication, but not a therapeutic venue.

Should you require urgent or immediate attention, this means of communication is not appropriate.

New Focus Counseling Alliance, Inc. will use reasonable means to protect the security and confidentiality of e-mail information sent and received.

This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of e-mail, third parties may have access to electronic communication. When communicating from your place of employment, some employers consider e-mail corporate property, and your messages may be monitored. If you are using a shared device, please be aware your email messages may be viewable by others also using that device. Additionally, you should be aware that although messages are addressed to your clinician, administrative staff and/or other clinicians may have access to this information. If you provide an e-mail address to us or initiate e-mail contact with us, doing so constitutes your authorization for us to communicate with you via e-mail to your indicated return e-mail address.

Your signature below indicates your understanding of the potential privacy limitations and the guidelines of communication via e-mail with this clinic and its contractors and/ or employees. I understand that New Focus Counseling Alliance, Inc., and all contracted clinicians and employees will not be responsible for information loss or delay or breaches in confidentiality that are due to technical factors beyond control or improper disclosure of confidential information that is NOT caused by the intentional misconduct of New Focus Counseling Alliance, Inc., our employees, and contractors. I understand and agree to the above email policy. I understand the risks associated with communication via e-mail, and consent to the conditions herein.

Client Signature

Client Printed Name

Date

Client Email Address

Therapist Signature

Therapist Printed Name

Date