

Nicole DeRobertis, LCSW, LLC

Informed Consent to Electronic Communication

I consent to receiving electronic communication from Nicole DeRobertis, LCSW. I understand that all e-mail messages are sent over the Internet. Messages sent over the Internet are not encrypted, are not secure and may be accessed by others. I understand that my e-mail communications will not be encrypted and, therefore, my therapist cannot guarantee the confidentiality and security of any information I send to my therapist or that my therapist sends to me via e-mail. Text messaging is not a secure method of communication and is not HIPAA compliant therefore should only be used in rare instances regarding setting and changing appointments. I understand that text messages regarding any other issues will not receive a response and that the best and most effective way to discuss any clinical issues is to call my therapist or wait until my next face-to-face appointment.

I have also discussed guidelines for the use of electronic communication with my therapist and I understand and agree to the parameters stated in those guidelines. I hereby give permission for my therapist to reply to my messages via e-mail, and to include any information that would be considered confidential that my therapist deems appropriate. I also give permission for my therapist to send and reply to text messages regarding setting and/or changing my appointment. I agree that Nicole DeRobertis, LCSW shall not be liable for any breach of confidentiality that may result from this use of electronic communication.

I understand and agree that e-mail communication should not be used for urgent or sensitive medical or psychological matters since technical or other factors may prevent a timely answer and confidentiality cannot be guaranteed. If I believe I need a response within 48 hours I will not use e-mail but will call my therapist. If I do not receive an answer to a routine e-mail message within two working days, I understand that I should call my therapist. I understand that all e-mail communications may be made part of my permanent clinical record. and may therefore be accessible pursuant to a request by me or under applicable law.

I also understand that I should only e-mail my therapist from the e-mail address I have listed below, since my therapist cannot confirm my identity through another person's e-mail address. I understand that it is my responsibility to notify my therapist, in writing, of any change of the e-mail address(es) listed below.

I also understand that I may withdraw permission for my therapist to communicate with me via e-mail by providing notification in writing.

E-mail:

Client Signature

Date

Parent or Guardian Signature

Date