

MATTHEW L. MAGRUDER, LPC

CONSENT FOR COMMUNICATION

Preference for Confidential Communications:

As per the Notice of Privacy Practices, you have the right to request that I communicate with you about your health information in a certain way or at a certain location. For example you can request to be contacted by mail or at work. Please indicate where you would like to be contacted:

I prefer to be contacted by: ☐ Phone ☐ Email ☐ Texting ☐ Mail
 ☐ Online platform (e.g. Skype)

I prefer to be called and/or texted at the following number: _____

I ☐ DO ☐ DO NOT want messages to be left at this number.

Please only call at these times: _____

I prefer emails to be sent to: _____

I prefer texts to be sent to: _____

I prefer mail to be sent to: _____

I prefer to use the online platform: _____ with the username: _____

Other instructions: _____

Email, Texting, and Online Platforms

I am required to keep your protected health information private and secure according to federal and state laws and professional ethics codes. Email, texting, and online platforms are convenient ways to communicate for therapeutic purposes (such as discussing your current situation), and for administrative purposes (such as appointment scheduling and billing). I will always take reasonable means to protect the security and confidentiality of our communications via email, texting, and online platforms. However, it is impossible to guarantee the security and confidentiality of communication via email, texting, and online platforms. Should confidential information be improperly disclosed, through no fault of my office, my office will not be liable for

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such disclosures.

Potential risks of communicating by email or text may include:

- Misdelivery of emails or texts to an incorrectly typed address or number.
- Email and online accounts and phones can be hacked.
- Email is easier to falsify than handwritten or signed documents.
- Backup copies of email, texts, and online platform data may exist even after the sender or the recipient has deleted his/her copy.
- Employers and on-line services have a right to archive and inspect emails, texts, and online communications transmitted through their systems.
- Information sent via emails, texts, and online platforms can be intercepted, altered, forwarded, or used without authorization or detection.
- Emails and online platforms can be used to introduce viruses into computer systems.
- Emails, texts, and online platform data can be used as evidence in court.

All emails and texts to or from patients concerning diagnosis or treatment will be filed as part of the patient record. Since the information will be considered part of the record, other individuals authorized to access the record, such as staff and billing personnel, will also have access to those emails. Note that all emails and texts are retained in the record of the system sending the email or text.

COMMUNICATION VIA EMAIL, TEXT, OR ONLINE PLATFORM SHOULD NOT BE USED FOR EMERGENCIES.

You have the option of choosing whether to communicate with me via email, texting, and/or online platforms, and of choosing what information you wish to communicate. You do not have to consent to communication via email, texting, or online platforms. Communication can be handled in person or via phone call or mail. You may revoke any permission at any time by notifying me in writing.

By consenting to communicate through email, text, or online platform you also agree to the following responsibilities:

- If you send a communication that requires or invites a response, and one is not given within a reasonable time frame, it is your responsibility to notify me that the communication was not received. You cannot assume that because it was not returned that it was received.
- It is your responsibility to schedule appointments.

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- It is your responsibility to inform me of any changes to your communication preferences including changes in mailing address, phone number, email address, or online account usernames.

Email: I ☐ DO ☐ DO NOT consent to use email for Administrative Purposes.

I ☐ DO ☐ DO NOT consent to use email for Therapeutic Purposes.

Other Conditions for emailing:_____

Texting: I ☐ DO ☐ DO NOT consent to use texting for Administrative Purposes.

I ☐ DO ☐ DO NOT consent to use texting for Therapeutic Purposes.

Other Conditions for texting:_____

Online Platforms: I ☐ DO ☐ DO NOT consent to use online platforms for Administrative Purposes.

I ☐ DO ☐ DO NOT consent to use online platforms for Therapeutic Purposes.

Other Conditions for online platforms:_____

Social Media

Because adding clients as friends on social networking sites and/or communicating via such sites is likely to compromise privacy and confidentiality, requests to connect from current or former clients on social networking sites, such as Facebook, LinkedIn, Twitter, Pinterest, Google+ or other sites or apps, will not be accepted. Please do not communicate with me via any social networking sites.

I recognize that technology is ever-evolving and that electronic communications cannot be fully protected from unauthorized interception. Understanding the risks of electronic communication via email or texting, I have indicated my preferences and consent for communications.

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Client/Patient Signature

Date

Personal Representative Signature (if applicable)

Relationship to Client/Patient

Minor Signature (if applicable)

Date