



# ADVOCATE PSYCHOTHERAPY SERVICES

SERVING ALL OF CENTRAL WISCONSIN — TO HELP YOU FIND WHAT'S MISSING

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## INFORMED CONSENT ON USING EMAIL IN TREATMENT

*This form is necessary because you are indicating / have indicated that you would like to use email to communicate during your counseling treatment at APS.*

This communication will either occur through (1) appointment reminders that reveal your name and specific appointment times, or (2) through other emails you send or receive that contain specific questions and/or answers regarding your personal healthcare information (PHI) (i.e. treatment information about yourself). As per the appropriate standards of care regarding this mode of communication, you need to be informed about the risks of email, the safeguards available to ensure confidentiality, and how emails are used in the counseling process.

1. Every client is encouraged to use face-to-face communication as much as possible with her or her therapist. **In addition, phone calls are the most valuable back up to in-person communication and should be sought out before using email.** The priority is placed on face-to-face and verbal communication in order to reduce the confusion that can arise out of a delay in answering an email, or the confusion that can come if one is not acknowledged as expected by a client.
2. At a minimum, every client is encouraged to use an email account that requires a personal login and password in order to access his or her email account. Clients should ensure that no one else can access that information. Also, clients should avoid forwarding emails because confidentiality is no longer possible once it is removed from personal accounts.
3. Similarly, clients need to be aware the email folders (such as the inbox and sent folder) need to be safeguarded, too. Clients are advised to set controls that delete items from these folders regularly. This step is a safeguard against the atypical event where an email account is “hacked” and used for spamming purposes. Any traditional email account that is not secure risks this small possibility. *(A clue as to whether or not you have secure email is looking at the URL of the webpage you are on and seeing if it has “https://” on the website address vs. “http://”/ The “s” stands for secure.)*
4. The safest option for emailing your therapist is to obtain a low priced, secure email account via “Hushmail”. Please visit **<https://www.hushmail.com/personal/>** to set up your own account. This service encrypts your emails just as banks, the military, and governmental agencies can do with their email communications.

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5. Please be advised that traditional email is not encrypted. As a result, these “clear text” messages (i.e. non-secure email messages) may be intercepted in extremely unique situations and viewed by an outside party. **Clients accept this risk by NOT using the previous option #4 described above when emailing their therapists.**
6. Please be aware that counselors may choose to keep all or some records of any treatment related email communication with you in your file (i.e. printed copies of emails received and/or sent). If you have any questions about this, please talk with your therapist about how that is decided.
7. Your counselor will continue to pursue the appropriate standards of care regarding electronic communications. This effort includes updating this informed consent when necessary, obtaining specialty certifications, and adding cost-effective safeguards when available and appropriate.
8. If email is not a viable option for communicating with your therapist temporarily (or permanently), you will be informed directly. This will occur either in a session, or via an automated email response. The automated response will inform you of when email will be answered again, when the therapist will return, or it will identify another resource to use get help in place of your therapist while he or she is unavailable.

For your information, once again, secure electronic messaging is always the preferred choice rather than non-secure email for the sharing of personal healthcare information (PHI) (i.e. treatment information about yourself). **However, this consent acknowledges that you accept the risk of using non-secure email communication with your therapist.** If that happens, the minimum amount of PHI will be shared by your therapist whenever possible in order to contact you, relay information, or to answer any of your questions. **In addition, you acknowledge that the most critical information will be shared directly in your session or via a voicemail to your therapist rather than the risks and delays concerning email as described above.**

\_\_\_\_\_  
Client Signature (14 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Guardian or Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date