

Compass Counseling, LLC
1508 New Pinery Rd.
Portage, WI 53901
(P) 608-745-4900 (F) 608-745-4990

Client Email and Text Messaging (SMS) Informed Consent

You may give your permission to communicate with your therapist via email and/or text messaging. We can use email and/or text messaging to communicate with you about non-sensitive and non-urgent concerns. All communications to or from you may be made a part of your medical record. It is the responsibility of Compass Counseling, LLC to inform you of the risks and privacy limitations associated with both of those forms of communication.

Risk of using Email and/or Text Messaging

Email and/or text message communication has a number of possible risks that patients, parents or guardians should consider before using email or text messaging. If the patient, parent or guardian is worried about any information being seen by other people, or if the question or problem is urgent, other form(s) of communication such as telephone communication should be used. Some of the possible risks of using email or text messaging include, but are not limited to, the following:

- a. Email information or text messages can be sent on to other people, stored on a computer, or printed out on paper for storage.
- b. Email or text messages can be sent out and received by many recipients, some or all of whom may be sent the email accidentally.
- c. Email or text message senders can easily misaddress their message.
- d. Email or text message information is easier to change than handwritten or signed documents.
- e. Email or text message information may be kept on computers/electronic devices even after the sender or the recipient believes they deleted his or her copy.
- f. Employers and on-line services have a right to archive (store) and look at emails/text messages transmitted through their systems. Some, but not all, employers store email/text messages indefinitely.
- g. Email/text messages can occasionally be intercepted, changed, forwarded, or used without authorization or detection.
- h. Email or text messages can be used to introduce viruses into computer systems.
- i. Email or text messages can be used as evidence in court.
- j. Emails, phone calls, voicemails, and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party

Conditions of using Email and/or Text Messaging

The providers at Compass Counseling, LLC cannot guarantee but will use reasonable means to maintain the security and confidentiality of email and text information sent and received. Compass Counseling, LLC is not liable for improper disclosure of confidential information that is not caused by the providers intentional misconduct. Clients/Parent's/Legal Guardians must acknowledge and consent to the following conditions: In a Mental Health Emergency, do not use email or text messaging, CALL 911 or Northwest Connections at 888-552-6642. If you have an urgent concern during regular business hours, please call the main office at 608.745.4900 and speak to/leave a message with our office administrator or your provider. After business hours call the on-call therapist (number can be reached by calling the main office on the voicemail message).

- a. Emails and/or text message response times will vary and are not time sensitive. The providers will respond to any message during their business hours (varies by clinician) unless otherwise specified. Emails/text messages or voicemails will not be answered outside of those hours or on weekends or holidays.
- b. Emails and/or text messages should be concise. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
- c. Email and/or text messages may be printed and filed into the client's medical record.
- d. Clinical staff will not forward your identifiable email/text to outside parties without or written consent, except as authorized by law.
- e. Clients should use their best judgment when considering the use of email or text messages for communication of sensitive information. Clinical staff are not responsible for the content of messages
- f. Compass Counseling staff are not liable for breaches of confidentiality caused by clients or any third party.
- g. It is the client's responsibility to follow up with clinical staff if warranted.

Consent for telehealth consultation

1. I understand that my health care provider wishes me to engage in a telehealth consultation.
2. My health care provider explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.

Compass Counseling, LLC
1508 New Pinery Rd.
Portage, WI 53901
(P) 608-745-4900 (F) 608-745-4990

3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.
6. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment.

Withdrawal of consent

I understand that I may revoke this consent at any time by so advising Compass Counseling, LLC 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.

Client Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of email and/or text messaging as a form of communication between Compass Counseling, LLC staff and me and consent to the conditions and instructions outlined, as well as any other instructions that Compass Counseling, LLC may impose to communicate with me by email or text messaging.

I agree to receive non-sensitive/non-urgent information from Compass Counseling via email. I understand it is my responsibility to notify Compass Counseling staff if my information changes.

Email address: _____

I agree to receive non-sensitive/non-urgent information from Compass Counseling via text. I understand it is my responsibility to notify Compass Counseling staff if my information changes.

Phone number: _____

I agree to participate in telehealth video conferencing with my clinician utilizing the doxy.me platform. I understand that this platform is HIPAA compliant

I agree to have appointment reminders sent to me by

Voicemail/ Phone number: _____

Text Message/ Phone number: _____

Email/email address: _____

Client Name: _____

Client Signature: _____

Parent/Legal guardian signature: _____

Date: _____

Clinician: _____