



**Livingston**  
Family Center



## **Client Email, Texting, and Teletherapy Informed Consent Form**

“Teletherapy” includes consultation, treatment, emails, telephone conversations, and other medical information using interactive audio, video, or data communications. The transmission of client information by email, texting, and telephone/video software has a number of risks that clients should consider prior to use. These include, but are not limited to, the following risks:

1. Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
2. Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
3. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
4. Employers and on-line services have a right to inspect emails sent through their company systems.
5. Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
6. Email and texts can be used as evidence in court.
7. Emails and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.
8. Unless explicitly agree otherwise, teletherapy exchange is confidential. Others with not be included in the session or in the in the room unless agreed upon.
9. There are risks and consequences associated with teletherapy, including, but not limited to, the possibility, despite reasonable efforts, that: the transmission of client information could be disrupted or distorted by technical failures; the transmission of client information could be interrupted by an unauthorized person(s); and/or the electronic storage of client information could be accessed by unauthorized person(s).

Therapists and employees of the Livingston Family Center cannot guarantee, but will use reasonable means to maintain security and confidentiality of email, text, and teletherapy information sent and received. Therapists and Livingston Family Center employees are not liable for improper disclosure of confidential information that is not caused by intentional misconduct.

### **Clients/Parent’s/Legal Guardians must acknowledge and consent to the following conditions:**

1. Email texting, and teletherapy is not appropriate for urgent or emergency situations. Provider cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.
2. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
3. All email will usually be printed and filed into the client’s medical record. Texts may be printed and filed as well.
4. Provider will not forward client’s/parent’s/legal guardian’s identifiable emails and/or texts without the client’s/parent’s/legal guardian’s written consent, except as authorized by law.
5. Provider is not liable for breaches of confidentiality caused by the client or any third party.



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Client Acknowledgement and Agreement**

I acknowledge that I have read and fully understand the Livingston Family Center email, texting, and teletherapy consent form. I understand the risks associated with this form of communication and consent to the conditions and instructions outlined, as well as any other instructions that my Therapist or Case Manager may impose to communicate with me by email or text.

Yes, I consent to receiving e-mail messages. Email Address: \_\_\_\_\_

Yes, I consent to receiving text messages. Cell Phone: \_\_\_\_\_

Yes, I consent to participating in teletherapy via video software.

Client name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian name: \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider name: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_