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**REGARDING ELECTRONIC FORMS OF COMMUNICATION
(E-MAIL, VIDEO-CONFERENCING, TELEPHONE THERAPY)**

In compliance with HIPAA, I am required to inform you of the potential limitations of confidentiality inherent to the use of electronic forms of communication.

Email: While my computer is password protected, I cannot guarantee complete protection of e-mail communications from unauthorized infiltration. I rarely, therefore, agree to utilize e-mail communications with my clients. Any email communications is generally limited to scheduling and business-related tasks. No treatment issues, such as ongoing dialog, recommendations, or referrals will be communicated via e-mail. If I determine there is a reason to communicate with you via e-mail, you are required to provide consent.

Telephone Therapy: I cannot guarantee confidentiality of communications if you choose to use a cell phone or speak to me from a location that is not private. Telephone therapy may have some limitations that are not present with face-to-face contact, such as my inability to see and monitor your physical responses and reactions during our discussions. A further limitation is that telephone therapy is not likely to be covered by your insurance company. Benefits of telephone therapy include but are not limited to continuity of treatment when face-to-face contact is not possible.

Video-Conferencing Therapy: I only engage in video-conferencing from my office. While I utilize video-conferencing/video-calling programs, such as Skype that promote secure communications, I cannot guarantee confidentiality from hackers. Other possible limitations to confidentiality include your decision as to where to be when you are participating in the conversation. If you are not in a private location, it may be possible for others to overhear your conversation. A further limitation is that video therapy is not likely to be covered by your insurance company. Benefits of video therapy include but are not limited to the ability for each party to see one another despite geographical separation, and continuity of treatment when face-to-face contact is not possible.

Location of Client During Email/Videoconferencing

Address: _____

Phone: _____ Email Address: _____

Emergency Contact: _____

Informed Consent

I, the undersigned, understand that my electronic forms of communication with my therapist cannot be considered to be completely secure and confidential, and that there are both benefits and limitations to the use of these forms of communication. I have read the information above and agree to participate in the use of email, telephone therapy, and/or video-calling therapy if both my therapist and I determine it would be helpful to my treatment to use these forms of communication. I hereby grant my consent.

Patient

Date

Witness

Date