

Mindful Therapy & Consulting, LLC

13965 W Burleigh Rd. Suite 203
Brookfield, WI 53005

Client Consent for E-MAIL, CELL PHONE & TEXT COMMUNICATION

Name: _____ ID#(office only)_____

I hereby request that my therapist and/or the staff of Mindful Therapy & Consulting, LLC communicate with me via cell phone, email or text messaging in addition to US MAIL and land-lines, and I therefore acknowledge and accept the conditions listed below:

Check one or more options: cell phone e-mail text messaging

1. The privacy and security of e-mail, cell phones or text communications using a non-secure Web messaging system cannot be guaranteed.
2. Mindful Therapy & Consulting, LLC is not liable for breaches of confidentiality caused by a client or third party. I am responsible for protecting my password, or other means of access to my e-mail, cell phone or text messaging.
3. E-mail, to and from me, may be printed in full and made part of my medical record. Office staff and billing personnel will have access to records.
4. Mindful Therapy & Consulting, LLC cannot guarantee a response to your e-mail, cell phone or text message although your therapist and the Mindful Therapy Staff will endeavor to read and respond as promptly as possible.
5. If your e-mail or text has not been responded to within a reasonable time period it is your responsibility to follow up to determine whether the e-mail or text was received, and to inquire when you can expect a response.
6. E-mail, cell phone and text messages are not to be used for communication of sensitive medical and mental health information, or for emergency situations. In an emergency, please contact your therapist or you can also call 911 or go to the nearest hospital Emergency Room.
7. Mindful Therapy & Consulting, LLC is not responsible for information loss due to technical failure.
8. Emails containing clinical or treatment concerns will be redirected to schedule a telephone conference or in person session.
9. Clients and parents of clients, agree to refrain from including their therapist on email correspondence to one another. Information submitted to Mindful Therapy & Consulting, LLC that is narrative from a client and not agreed upon in advance or requested, may not be viewed by the therapist to refrain from including the information as a part of the record keeping.

I have read and I understand the information above, and any questions I had were answered to my satisfaction I know that I can withdraw this consent in writing at any time.

Signature

E-mail address

Cell phone number

Relationship to client if other _____

Date _____