



# Family Therapy Institute of Santa Barbara

## Consent Form for Alternate Communication

I acknowledge that my typed initials/name below each statement is legally binding and represents my full agreement to the terms within each statement that I provide my initials or name. \_\_\_\_\_ (initial)

If you choose to communicate to your therapist at FTI via e-mail, home phones, cell phones, (texting, calls, or voicemails), or conduct therapy via internet technology, which can include live video conferencing or telephone conversations (telehealth), this raises issues about confidentiality that we want you to understand.

### ***Confidentiality***

- Because email/texting/telehealth is generally less secure, we cannot offer the same degree of confidentiality as for other forms of communication. Email accounts and telehealth platforms require a third party to maintain, FTI or your therapist cannot guarantee confidentiality and privacy protection provided by the vendors
- When you email FTI or your therapist from a given account, we will assume that it is acceptable to return mail to you at that same email address.
- While we endeavor to protect our computers from hackers, viruses, worms and other threats to the security of your correspondence, we regret that we cannot fully assure their protection.

### ***What is a good use of email/text?***

Please note - the best way to reach your therapist is by phone first. Few, if any of our staff are able to check their email or texts constantly. There can be gaps of hours or days at a time when your therapist or Nancy Villalobos, our administrator, will NOT be available by computer. If you are having difficulty reaching your therapist by email or texts, please call the office at (805)882-2424 and leave a message on your therapist's extension (not the general voicemail box which is not checked as frequently).

- If you are a client and have a document you would like reviewed before our next meeting. It is always a good idea to bring a paper copy to your next appointment in case the email has not been received.
- If there is a development in your life you want your therapist to be aware of, but is not urgent enough to require a phone call.
- If your therapist requested that you email as part of a homework assignment.
- If you have a quick question that cannot wait until your next appointment.

Please keep email/text correspondence short and to the point. While everyone at FTI does his or her best to respond to email correspondence in a timely fashion, it is not always possible. Sometimes email goes into junk or is not received.

***Inappropriate uses for email . . .***

- In an emergency. If you have tried to reach your therapist by email, text, or voicemail and have not received a response, call 911, go the local emergency room or call 805-280-2072 to reach the FTI on-call therapist. Do not use this phone number for non-emergency purposes (e.g. if you will be late or if you need to cancel your session).
- As a substitute for therapy sessions. If you are emailing about a therapy issue, your therapist may choose not to respond by email but to wait to discuss at your next appointment. Additionally, because the volume of email can be overwhelming, FTI therapists must treat email with the same policy as phone calls, billing for email correspondence requiring more than 15 minutes to process.
- For appointment cancellations and/or the need to reschedule your appointment that email often provides, **TO GUARANTEE YOU WILL NOT BE CHARGED A LATE CANCELLATION FEE, ALL CANCELLATIONS MUST BE MADE BY PHONE WITHIN 24 HOURS OF YOUR APPOINTMENT TIME.**

***Informed Consent . . .***

I understand that by initiating email correspondence and/or providing you with my email address, I am agreeing to use email as an acceptable form of communication for confidential information.

\_\_\_\_\_ (initials)

I understand that all the same issues are involved if I communicate via cell phones

(texting/calls/voicemails) or the therapist's home phone. \_\_\_\_\_ (initials)

I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. \_\_\_\_\_ (initials)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date