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Email Correspondence Informed Consent Form

I _____ hereby consent to engaging in email correspondence with Richelle Jacobs, LMFT, as part of my psychotherapy.

I understand that I have the following rights with respect to email correspondence:

(1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

(2) The laws that protect the confidentiality of my personal information also apply to email correspondence. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; where I make my mental or emotional state an issue in a legal proceeding; and if Homeland Security requires my psychotherapist to release information about me.

(3) I understand that there are risks and consequences from email, including, but not limited to, the possibility-- despite reasonable efforts on the part of my psychotherapist—that the exchange of personal information could be disrupted or distorted by technical failures; that the transmission of my personal information could be intercepted by unauthorized persons; and/or that the electronic storage of my personal information could be accessed by unauthorized persons.

(4) In addition, I understand that email-based services and care may not be as complete as face-to-face services. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services) I will be referred to a psychotherapist who can provide such services in my area.

I have read and understand the information provided above.

Client Signature

Client email address

Date