

Abigail S. Holbrook

MSW, LCSW, LLC

Counseling and Consulting



Electronic Communication Agreement and Consent to Communicate by Non-Secure Means: Email/Text Messaging

It may become useful during the course of counseling/psychotherapy to communicate with Abigail S. Holbrook, MSW, LCSW by email or cell phone text messages. Use of these methods is not considered a secure means of communication, as there is a reasonable chance that a third party (either in the home, workplace, or through the Internet) may be able to intercept and access the content of these messages that contain some degree of Protected Health Information (PHI).

To minimize risk, please be aware that Abigail only communicates the following PHI electronically through email or text message:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment
- Acknowledgment of emails and phone calls received
- Web links to therapeutic resources and/or articles

By consenting to allow Abigail S. Holbrook, MSW, LCSW to communicate the information listed above to me via email or text messages; I also acknowledge and agree to abide by the limits on and guidelines for electronic communication listed below:

1). I understand that email, texting communication, or comments through Abigail's website is **NOT** to be used to communicate therapeutic information (beyond article/web links), which includes, but is not limited to:

- Suicidal or homicidal thoughts or plans
- Urgent or other emergency issues
- Serious or severe side effects or concerns
- Rapidly worsening mental health symptoms

And I should contact Abigail to schedule an appointment to discuss urgent therapeutic concerns.

2). I understand that in a life-threatening emergency, I am to:

- Call 911 and/or
- Proceed to the nearest hospital emergency department
- And call a crisis hotline such as 1-800-273-8255 (National Suicide Prevention Lifeline)

3). I understand that social media websites are not approved by Abigail S. Holbrook, MSW, LCSW as an acceptable form of electronic communication and that she does not communicate with clients and/or their families via social media nor accept "friend" requests from clients or their family members. I also understand that I should not leave comments with therapeutic or self-identifying information on her practice website and that she will not respond through the website.

4). I understand that any information exchanged electronically increases the risk of a breach of confidentiality. No form of electronic communication is 100% secure and your therapist cannot guarantee protection from unauthorized attempts to access, use, or disclose personal information exchanged electronically. I acknowledge that I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means.

5). I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time. Lastly, I acknowledge I have thoroughly considered all of the above information.

By signing, I acknowledge my understanding of the aforementioned and consent to allow my therapist to communicate with me via email and text messages, as needed, for the scheduling and administrative purposes listed above. If urgent or emergent help is needed, I will utilize the crisis services listed in section 3.

Furthermore, if at any time, my therapist or I believe email or text messaging communication is interfering in the therapeutic process or relationship or being used ineffectively, either of us can revoke this consent verbally, refuse to respond to e-mails/texts, and insist upon a verbal conversation before proceeding.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____