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Policy for Electronic Communications

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. Many electronic modes of communication put your confidentiality and privacy at risk and can be inconsistent with the law and with the standards of my professional practice. I recommend against using electronic forms of communication as an aspect of your treatment. This policy has been prepared to assure the security and confidentiality of your treatment.

However, I along with my client retain the right to make specific exceptions to this policy as determined on a case-to-case basis. In the event you choose to use electronic communication, you understand that confidentiality may be breached by using those forms of communication. If you have any questions about this policy, please feel free to discuss them with me.

Email and Text Messaging Communications: I will not initiate communication using email and/or text messages, except with client permission when specifically pertaining to payment of services or unless under usual circumstances (e.g., we are unable to contact you by any other means in an emergency). I will only use email communication with your written permission and only for administrative purposes unless we have made another agreement. That means that email or text exchanges should be limited to things like setting and changing appointments, billing matters and other related issues. Do not use personal health information such as name, date of birth, etc. when using electronic communication, because access to electronic information is not assumed to be protected or private. Please do not use email for treatment- related issues.

Other Providers and Individuals: If other providers or individuals contact my office about you by means of electronic communication (email, texting, etc.) we will not respond without your express written consent.

I would like to communicate via email. Yes / No

If so, please print email address: _____

Please sign below if you understand my policy regarding electronic communications:

Client Signature

Date

Guardian/Power of Attorney Signature (if applicable)

Date