

**Couples and Family Wellness Center, LLC**  
**(610) 889-2089**  
website: [www.couplesandfamilywellnesscenter.com](http://www.couplesandfamilywellnesscenter.com)

**CONSENT TO USE OF ELECTRONIC COMMUNICATION**

**Conditions for use of electronic communication**

The Couples and Family Wellness Center, LLC will use reasonable means to maintain security and confidentiality of electronic communication sent and received. You must acknowledge and consent to the following conditions:

1. Electronic communication is not appropriate for urgent or emergency situations. we will respond within 48 hours. If you have not received a response after 48 hours, you are requested to contact Linda Hershman (owner) at 610 889-2089.
2. Electronic communication should not be used for communications regarding sensitive medical conditions such as sexually transmitted diseases, HIV/AIDS, spouse or child abuse, chemical dependency, mental health status, etc.
3. Electronic communications related to therapeutic issues will be recorded in your medical record, just as any other communications of this nature.

**Risks of using electronic communication**

Transmitting information by electronic communication has risks that you should consider. These include, but are not limited to, the following:

1. Electronic communication can be intercepted, altered, forwarded or used without authorization or detection.
2. Electronic communication can be circulated, forwarded, and stored in paper and electronic files.
3. Electronic communication senders can type in the wrong email address.
4. Electronic communications may be lost due to technical failure during composition, transmission, and/or storage.

**Client Acknowledgement and Agreement**

I have read and fully understand the information in this authorization form. I consent to the Electronic Communication conditions and agree to abide by the guidelines above. I further understand that this Electronic Communication relationship may be terminated if I repeatedly fail to adhere to these guidelines. I understand and accept the risks associated with the use of unsecured Electronic Communications. I further understand that, as with all means of Electronic Communication, there may be instances beyond the control of the family and health care provider where information may be lost or inadvertently exposed, such as during technical failures, acts of God, acts of war, and so forth.

By signing below, I acknowledge the privacy risks associated with using Electronic Communications and the Couples and Family Wellness Center to communicate with me or any minor dependent/ward for purpose of mental health and/or substance use, advice, education, and treatment.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_

Voice Mail \_\_\_\_\_

Okay to leave detailed message \_\_\_\_\_ Leave name and callback number only \_\_\_\_\_

Text: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Parent/Guardian/or \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Representative (if required)

Signature of Therapist/Witness \_\_\_\_\_ Date \_\_\_\_\_

I have been offered a copy of this consent form. Accept \_\_\_\_\_ Decline \_\_\_\_\_