

DEBORAH LEVI LANE, LCSW, PLLC

Telehealth/E-Mail/Texting Consent Form

Deborah Levi Lane, LCSW offers her patients the opportunity to communicate by video conferencing (Telehealth), email and text. This form provides information about the risks of Telehealth/email/text communication and is a document for consent for her to communicate with you by Telehealth/email/text.

Telehealth by Simple Practice is secure and HIPAA compliant. These video sessions can be used with desktop computers, laptops, iPads or smart phones. The patient is responsible for making sure that his/her location is private and confidential.

Most popular email services such as Gmail, Yahoo and Hotmail do not use encrypted email. Thus, when you are sent an email or when you send an email, the information that is sent is not encrypted. This means that a third party may be able to access the information and read it since it is transmitted over the Internet. There are other risks associated with emailing. It can be intercepted, altered, sent to the wrong address, used without authorization, etc. Communication and clinical information is allowed to be sent via unencrypted email, if the patient gives consent.

Texting will only be used by Deborah Levi Lane, LCSW for making, changing, or cancelling appointments.

Consent

I understand the risks of unencrypted email and privacy issues with Telehealth.

I understand that my therapist cannot guarantee the security and confidentiality of unencrypted email communication or Telehealth video sessions. Deborah Levi Lane, LCSW will not be responsible for technical failure, or for disclosure of confidential information unless caused by intentional misconduct.

I understand that either I or Deborah Levi Lane, LCSW may stop using Telehealth, email or texting as a means of communication upon my written request.

I understand that I may revoke this consent at any time upon my written request.

\_\_\_\_\_ I CONSENT to give authorization to receive information via Telehealth video sessions, unencrypted email and/or texting, except as indicated below.

\_\_\_\_\_ I DECLINE to give authorization to receive information via unencrypted email at this time.

\_\_\_\_\_ I DECLINE to give authorization to receive information via texting at this time

\_\_\_\_\_ I DECLINE the use of Telehealth video sessions at this time.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Relationship to Patient