



VCU

VIRGINIA COMMONWEALTH UNIVERSITY

Center for Psychological Services and Development

612 North Lombardy Street | P.O. Box 843033 | Richmond, VA 23284-3033

Phone: 804 828-8069 | Fax: 804 827-1269 | www.cpsd.vcu.edu

E-MAIL CONSENT

Consent with this form means that you give permission for the Center for Psychological Services and Development staff (CPSD, we, our, us) to use e-mail to communicate with you. Please understand that this permission is very limited, but even limited use of e-mail includes some risks. Before signing, carefully read the following and discuss any questions with our staff and your therapist.

Examples of Potential Risks

- E-mail can be immediately broadcast worldwide and received by many intended and unintended readers.
- E-mail senders can easily misaddress an e-mail.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail may exist even after the sender or recipient has deleted the original.
- Employers and on-line services have a right to archive and inspect e-mail within their systems.
- E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- E-mail can be used to introduce system computer viruses.
- E-mail can be used as evidence in court.

The following outlines how the CPSD will handle e-mail communication with you.

- All e-mail messages to or from you about your treatment, other than scheduling an appointment, will be made part of your clinical record.
- We may forward e-mail to other members of our staff and agents when necessary, such as the receptionist. We will not, however, forward e-mail to independent third parties without your written permission, except as authorized or required by law.
- Although we will try to read and respond promptly to e-mail from you, we cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. This means that e-mail should not be used for emergencies or other time-sensitive matters. In an emergency, please call 911 or go to your nearest hospital emergency service.
- If you have not received a response from us within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the e-mail and when the recipient will respond.
- We will not include sensitive information in an e-mail to you and we ask that you do not include sensitive information in an e-mail to us.
- CPSD and/or your therapist may ask that you only send and receive encrypted emails. If so, you will be given instructions on how to work with encrypted information.
- You may inform the CPSD and your therapist of any types of information you do not want sent by e-mail.
- It is your responsibility to protect access to your e-mail account.
- We will not engage in e-mail communication that is unlawful.
- It is your responsibility to tell us if you change your e-mail address.

CPSD staff and therapists do not communicate by e-mail with clients under the age of 18. If you are a parent/legal guardian consenting to e-mail communication concerning your child's appointments, please sign as the client's responsible party and provide your e-mail address. **We require a separate consent form from each parent/legal guardian who wishes to exchange e-mails with the CPSD to schedule appointments for a minor client.**

- Text Messaging** CPSD staff and therapists will not text message you, nor respond to text messages from you.
- Social Media** CPSD staff and therapists do not communicate with, or contact, any of our clients through social media platforms like Twitter and Facebook. In addition, if staff or therapists discover that they have accidentally established an online relationship with you, they are required to dissolve that relationship immediately.
- Websites** The CPSD has a website that you are encouraged to access. If you have questions about any information on the website, discuss them during your therapy appointment.
- Web Searches** CPSD staff and therapists will not use web searches to gather information about you without your permission. If you encounter information about your therapist through web searches, or in any other fashion, please inform your therapist so that any potential impact on your treatment may be discussed.
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I have read and fully understand this consent form. I understand the risks of using e-mail and I agree to the conditions outlined above. I understand that the CPSD does not accept an e-mail message as an emergency notification and does not guarantee a timely response or any response to e-mail.

I understand that CPSD staff and therapists will not respond to text messages from me (or my child) and will not communicate with me (or my child) through social media.

I understand that CPSD staff and therapists will not conduct web searches to gather information about me (or my child).

I have been given the opportunity to ask questions about the statements above and my questions have been answered to my satisfaction.

Client Name (please print) _____

Responsible Party Name (if other than client) (please print) _____

Responsible Party's Relationship to client (please print) _____

Check one:

I give permission for e-mail communication. E-mail: _____

I do not give permission for e-mail communication.

Client or Responsible Party Signature

Date