



Center for Psychological Services and Development

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EMAIL CONSENT AND SOCIAL MEDIA POLICY

This form contains important information about our policies regarding email communications and social media. Please read it carefully as it represents an agreement between you (I, your) and the Center for Psychological Services and Development (CPSD, we, us, our.) Our staff and your therapist can answer your questions.

CPSD uses email only to schedule appointments but this limited use carries some risks, such as:

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

HOW THE CPSD WILL HANDLE EMAIL COMMUNICATION

- We will include all email messages, other than those for scheduling, in your clinical record.
- We may forward emails to CPSD staff members such as the receptionist.
- We will not forward emails to independent third parties without your written permission, except as authorized or required by law.
- We cannot guarantee that email will be read and responded to within any particular period of time.
- We do not accept email for emergencies or other time-sensitive matters.
- We will not include sensitive information in emails and ask that you not email sensitive information to us.
- We strongly recommend the use of encrypted email. Our staff can explain the options available.
- We cannot take responsibility for the protection of personal email accounts.
- We will not engage in unlawful email communication.
- We ask to be informed if you change your email address.

MINOR CLIENTS

CPSD staff and therapists do not communicate by email with clients under the age of 18.

If you are a parent/guardian consenting to email communication concerning your child, please sign as the parent/guardian and provide *your* email address.

We require a separate consent form from each parent/guardian who wishes to exchange emails with the CPSD regarding a minor client.

SOCIAL MEDIA POLICY

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 any of our clients through social media platforms like Twitter and Facebook. 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 with your therapist.

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 them so that any potential impact on your treatment may be discussed.

CONSENT

Client Name (please print) _____

Parent/Guardian or Authorized Representative Name (please print) _____

Relationship to client (please print) _____

____ (initial) I have read and fully understand this consent form. I understand the risks of using email and I agree to the conditions outlined above. I understand that the CPSD does not accept email messages as emergency notification and does not guarantee a timely response or any response to email.

____ (initial) 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.

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

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

Check one to give or deny permission:

___ I give permission for email communication.

Email:(please print) _____

___ I do not give permission for email communication.

Client or Parent/Guardian/Representative Signature

Date