

## **Email, Text, or Other Alternative Means of Communication**

| Client Name:  |                                 |   |               |
|---|---------------------------------|---|---------------|
|   | Last                            | First   | Middle        |
| Date of Birth   | /                               |   |               |
| I approve of communication of Protected Health Information by Western Psychological & Counseling Services by:   |                                 |   |               |
|   | Email. Email                    | address:  |               |
|   | Sign ı                          | me up for the Western portal for secure m                     | nessages      |
|   | Text. Text nu                   | ımber:  |               |
|   | Other:                          |   |               |
| Limitations or other comments about this communication:   |                                 |   |               |
| - I understand there are risks with emails and texts. It is unlikely that email or text messages will be intercepted or altered. However, the risk is higher than messages on the phone or in person. |                                 |   |               |
| <ul> <li>I understand that there may be limits to what can be sent over email or text. Email and texts are<br/>not for psychotherapy or crisis situations.</li> </ul>                                 |                                 |   |               |
| - I also understand that Western may choose to discontinue this. I will be told if this happens.  |                                 |   |               |
| - I will notify Western of any change in my email address or text number.   |                                 |   |               |
| <ul> <li>I understand that the Front Desk and Business Office can only communicate by phone, in person,<br/>or through the Western portal</li> </ul>  |                                 |   |               |
| Signature of Client (or Guardian)  Date   |                                 |   |               |
| If Parent/Guardian, print name:   |                                 |   |               |
|   | Received:<br>Scan into the Cate | //<br>gory "PHI Auth to Disclose". Title first with "Email Te | ext or Other" |