

SANDSTONE PSYCHOLOGICAL PRACTICE

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Communication by Email, Text, Fax, Scan, or Other Electronic Means

It may become useful during the course of treatment to communicate by email, text, fax, scan, or other electronic methods of communication. Sandstone uses a private, encrypted email server to increase security when emailing with clients or their healthcare provider team, however, it is important to know that no electronic method is a *guaranteed* confidential means of communication. If you use these methods to communicate with your therapist at Sandstone Psychological Practice or provide authorization for your therapist to communicate with approved persons, there is a possible chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, fax, or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate with Sandstone
- Third parties on the Internet such as server administrators and others who monitor Internet traffic
- Skilled computer users who attempt to “hack” information.

If there are people in your life that you don’t want accessing these communications, please talk with your therapist at Sandstone about ways to keep communications safe and confidential.

Additionally, Sandstone Psychological Practice hosts a Facebook page where information is posted about Sandstone events, as well as various mental health topics. While you are welcome to “Like” the Sandstone page, please know that it is entirely optional and that others on Facebook may be able to see that you have “Liked” the page. Sandstone will never disclose whether you are a client or not, even if you “Like” the Sandstone page.

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

I consent to allow Sandstone Psychological Practice Corp. staff to use email, text, fax, and scan to transmit the following protected health information:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment
- Evaluations, summary letters, or coordination of care with approved healthcare providers and other approved persons.

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by electronic means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at anytime.

Signature of Client (or Representative)

Date