

*Sarah Hermann Russell, Ph.D., HSP*  
*Licensed Psychologist*

**Consent to Use Unencrypted E-Mail and Text Communications**

I hereby agree to sending and receiving e-mail and text communications to and from Sarah Hermann Russell, Ph.D. as part of my (or my child's) comprehensive treatment. I understand the risks of sending PHI through unencrypted e-mail and text messages, and with this agreement I am accepting these risks to my (or my child's) PHI. I accept that Sarah Hermann Russell, Ph.D. shall not be held responsible for any exposure of e-mail or text communications at my home or place of employment, depending on the location of my e-mail address or security of my cell phone. I also understand that e-mail and text communications can fail in their transmission, and I agree to contact Dr. Russell if I have not obtained a response from my e-mail or text communication within three business days. I also agree to never use e-mail or text communications for emergency situations. I understand that I can choose not to sign this agreement as well as terminate this agreement at any time by informing Dr. Russell in writing. With my signature, I consent that the benefits of using unencrypted e-mail and text communications for my (or my child's) treatment outweigh the security risks.

\_\_\_\_\_  
Signature authorizing e-mail and text communications

Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_  
(please print)

Cell phone: \_\_\_\_\_

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