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Check one:

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## CONSENT TO CORRESPOND ELECTRONICALLY

Client's name: \_\_\_\_\_

While the clinicians at Atlanta Psychological Services take reasonable precautions to protect your confidential information, I understand that e-mail and other sources of electronic communication are not completely secure methods of communication.

I understand that in most circumstances, electronic communication is not a way of communicating new information regarding care or of communicating emergency needs. I further understand that I must speak to my clinician directly regarding all important information pertaining to my (or my child's) treatment. Although my clinician will attempt to reply in a timely fashion, I further understand that if I (or my child) am experiencing an emergency situation and need to contact someone immediately to help me, then I will call any of the emergency numbers that are listed on the consent for treatment form.

I acknowledge that I have the choice for my clinician or staff to include identifying information when e-mailing me, and I grant my clinician and/or staff of Atlanta Psychological Services permission to communicate with me via e-mail, including identifying information and protected health information.

I acknowledge that if I use e-mail to initiate contact with my clinician at regarding my care (or my child's care), the clinician, and/or staff of Atlanta Psychological Services, has my permission to correspond to that email address or other forms of electronic communications.

\_\_\_\_\_ (please check this box if you choose) I understand that my clinical will always email me using encrypted email. But by checking this box, I allow my clinician or staff to send e-mails to me with identifying information and PHI without using secondary encryption if my email carrier does NOT allow me to receive encrypted email.

\_\_\_\_\_ (please check this box if you choose) When I have allowed my clinician to release information to a 3<sup>rd</sup> party, I give my clinician permission to email information to that party, with the understanding that my clinician will do so with encrypted email.

**For adult clients:**

Signature of Client: \_\_\_\_\_

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

**For Minor Clients:**

Signature of Parent or Legal Guardian: \_\_\_\_\_

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