



Credence Therapy Associates

1 ½ West Geneva Street

Elkhorn, WI 53121

(262)723-3424

CLIENT COMMUNICATIONS

Name of patient _____ Age of patient as of today's date _____

Please read the following statements and provide your initials or signature where indicated agreeing that you did review this and understand its contents. If you have any questions, please ask your therapist or any of the office staff to assist you. You will also be given a copy of this document upon request

If the patient is age 18 or over, patient initials/signatures only;

If the patient is age 13 to 17, patient and parent initials/signatures;

If patient is age 12 or under, parent initials/signatures only.

EMAIL COMMUNICATIONS

For my convenience, some therapists may agree to the use of brief email communications between therapy sessions. I understand that I have the following rights with respect to use of online communications:

- The laws that protect the confidentiality of my medical information also apply to email communications. As such, I understand that email information disclosed by me is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; and expressed threats of suicide, homicide, or violence.
- I understand that email communications will not be as complete as face-to-face services. I understand that email communications are not allowed for the purpose of addressing emergency situations such as suicidal or homicidal thoughts, threats of violence, or reports of abuse. I agree to utilize the appropriate methods for emergencies. I understand that my therapist may discontinue email use if he/she feels that I am not complying with these restrictions.
- I also understand that the dissemination of any personally identifiable images or information from the email interaction shall not occur without my written consent. If I consent to the use of email, my information may be transferred electronically (or paper copy) between Credence staff when necessary. For example, emails sent to the general office address may be forwarded to your personal therapist. Emails sent to your therapist may be forwarded to the office manager to print and place in your personal file.
- I understand that there are risks and consequences with electronic transfer of information, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

Patient Initials _____ **Parent Initials** _____

APPOINTMENT REMINDERS

As a courtesy, Credence Therapy Associates will make reminder calls, texts or emails for individual appointments the day prior to an appointment.

- I understand and acknowledge that this is a courtesy service only. It is still my responsibility to keep track of and attend all appointments as scheduled to avoid any penalties for a late cancellations or missed appointments.

Patient Initials _____ Parent Initials _____

PLEASE CHOOSE (Mark with a check, X or similar notation) ONLY ONE OF THE FOLLOWING FOUR OPTIONS

Option 1 _____ I choose **NOT** to receive a reminder call, text or email of upcoming appointments.

INITIAL ONLY IF CHOOSING THIS OPTION: Patient Initials _____ Parent Initials _____

Option 2 _____ I choose to receive a reminder **TELEPHONE CALL** of upcoming appointments.

The telephone number to use is: _____ (Please provide **ONLY** one telephone number). Any person or machine that answers the phone will be given the message of the appointment. It is not possible to guarantee that the message will be given only to the patient, parent or guardian. The number will be called one time only. If the line is busy, there is no answer, there is a problem with voicemail, etc, I understand that another call may not be made for that appointment. If the voice mail service does not confirm a valid name or telephone number, a voice mail will **NOT** be left.

INITIAL ONLY IF CHOOSING THIS OPTION: Patient Initials _____ Parent Initials _____

Option 3 _____ I choose to receive a reminder **EMAIL** of upcoming appointments.

The email address to use is: _____ (Please provide **ONLY** one address).

Appointment reminders will include therapist name and date and time of appointment. I understand that messages will not be encrypted. Such communications are subject to delay, being lost, intercepted, delivered to the wrong address, or arriving incomplete or corrupted.

INITIAL ONLY IF CHOOSING THIS OPTION: Patient Initials _____ Parent Initials _____

Option 4 _____ I choose to receive a reminder **SMS Text to mobile phone via email** of upcoming appointments.

Appointment reminders will include therapist name and date and time of appointment. I understand that messages will not be encrypted. Such communications are subject to delay, being lost, intercepted, delivered to the wrong address, or arriving incomplete or corrupted. I also understand that I will be responsible for any charges that may apply to my telephone bill.

Option 4 (continued) Below is a partial list of carriers providing SMS Text transit via SMS gateways, which allows the sending of a text to a mobile phone via email. To confirm, please contact your wireless carrier or use your email to send a SMS text to your telephone.

ALLTELL	number@sms.alltelwireless.com
Ameritech	number@paging.acswireless.com
AT&T	number@txt.att.net
AT&T (formerly Cingular)	number @mobile.mycingular.com
Boost Mobile	number @sms.myboostmobile.com
Cleartalk	number@sms.cleartalk.us
Cricket	number@sms.mycricket.com
Edge Wireless	number@sms.edgewireless.com
Qwest Wireless	number@qwestmp.com
Sprint	number@messaging.sprintpcs.com
T-Mobile	number@tmomail.net
US Cellular	number@email.uscc.net
Verizon Wireless	number@vtext.com
Virgin Mobile	number@vmobl.com

The email address to use is: _____
(Please provide ONLY one address)

Example: to send a SMS text to 987-555-0100 where the carrier is Verizon wireless, the address would be 987-555-0100@vtext.com

INITIAL ONLY IF CHOOSING THIS OPTION: Patient Initials _____ Parent Initials _____

I have read and understand the information provided in this Client Communications document. If requested, have a received a copy of this document.

Patient Signature (Age 13+):

Signature

Date

Parental/Guardian Signature
(for clients under age 18):

Signature

Date

Witness Signature:

Signature

Date