

Rachel Schneider, LCSW

31356 Via Colinas #114, Westlake Village, CA 91362

Consent for E-mail Communication

I understand that I should not use email to communicate any urgent matters, since several days may pass before the email is read and since some emails are returned undeliverable. For all urgent matters, I will contact my therapist using the therapist's phone and, if applicable, call 911 for psychiatric medical emergencies. I understand that the confidentiality of communication through email exchanges cannot be guaranteed. I also understand that if my therapist is receiving and/or sending information only via email, she is making judgments on the basis of limited and imperfect information. I understand that if I choose to correspond with my therapist through email, she will make every effort to keep the information she receives confidential, but that my therapist cannot guarantee the confidentiality of email communications. I am aware that all emails are retained in the logs of my and my therapist's internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. If I communicate with my therapist via email, I agree to accept the risk that a breach of confidentiality may occur. I agree not to hold my therapist responsible for breach of confidentiality due to the misspelling or mistyping of my email address, or due to someone hacking into either my or my therapist's email account. Finally, I am aware that any emails I receive from or sent to my therapist become a part of my legal record.

Patient Name: _____ Patient Signature: _____

Therapist Name: _____ Therapist Signature: _____

Date: _____

Licensed Clinical Social Worker, # LCSW28427