

Important Information about our Practice

Martha R. Durham, PhD

Communication by Email, Text Message, and Other Non-Secure Means

It may become useful during therapy to communicate by email, text message, or other means of communication. Be informed that, in their typical form, these are not confidential means of communication. If you use these methods of communication with us, there is a chance that a third party may be able to intercept and eavesdrop on these 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, or other devices that you use to read and write messages
- Your employer if you use your work email to communicate with our office
- Third parties on the internet such as server administrators and others who monitor internet traffic

If there are people in your life that you do not want to access these communications, please speak with Dr. Durham about ways to keep your communications safe and confidential.

Consent for Transmission of protected health information by non-secure means

I consent / do not consent to allow Dr. Durham and her scheduler to use non-secure email and mobile phone text messaging to transmit to me the following protected health information:

- Information related to the scheduling of appointments
- Information related to school issues and concerns
- Information in response to client contact with Dr. Durham or her scheduler

I have been informed of the risks, including but not limited to my confidentiality in therapy and of transmitting my protected health information by non-secure 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 agreement at any time.

Signature of Client

Date

Signature of Parent or Guardian (if client is a minor)

Date

Witness Signature

Date

*** No Show/ Late Cancellation Policy:** If you need to reschedule or cancel an appointment, please notify us at least **24 hours prior** to your appointment. Failure to do so will result in a **FULL session charge**. I consent to this policy:

Signature of client or responsible party

Date