

Jan Gallagher, LMHC
Licensed Mental Health Counselor

INFORMED CONSENT FOR TREATMENT

The following guidelines will clarify how **cell phones, email, and social media** will be used once you as the client have agreed to authorize mental health services with me as your provider. My intentions are to maintain of privacy of the client's personal health information as required by state and federal law.

Due to the insecure nature of the internet, I recommend all therapeutic, diagnostic, and private information be communicated in person or by voicemail. Clients need to realize that I cannot guarantee the security and confidentiality of any internet communication but only do my best to use accepted current protocols. My practice will not be held liable for improper disclosure of internet based confidential client information. I recommend the following:

1. I will utilize the convenience of texting and voicemail by way of **cell phones** for making appointments and answering general questions about my services as long as permission has been granted below. Please observe my office hours for these communications unless it is an emergency.
2. **Email** will not be used to discuss therapeutic, diagnostic, or private information unless I am granted written permission by the client for the specific purpose. Examples could include letters to employers or other providers. Email can be used to send educational information to a client, if I am given permission to use email communication for this general purpose below.
3. In regards to **social media**, please be assured I do not look up any of my clients on the internet. In addition, if you should find me online and request communication, I will decline to protect your privacy.

I have read this form carefully and understand the risks and responsibilities associated with the use of internet communication. I agree to assume all risks associated with the use of cell phones, email, or other internet communication.

I agree to use cell phone texting/voicemail for setting up appointments: Yes ____ No ____

I agree to use email for educational purposes only: Yes ____ No ____

If yes, email address: _____

I consent to and authorize the treatment I will receive as a client with Jan Gallagher, LMHC.

Signature of Client

Date

Signature of Parent (if client is a minor)

Date