

***Clearwater Counseling and Assessment Services
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CONSENT TO USE UNENCRYPTED E-MAIL OR TEXT

It is very important that you are aware that computer, e-mail, texts, and e-fax communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all e-mails, texts and e-faxes that go through them. While data on Clearwater's desktop and laptop computers is encrypted and emails sent through Clearwater's emails and website are also encrypted, data on specific therapists' laptops and phones may not be. It is always a possibility that e-faxes, texts, and e-mail can be sent erroneously to the wrong address and computers. Unencrypted texts are particularly vulnerable and confidentiality cannot be guaranteed. E-mail messages on your computer, your laptop, iPad, phone or other devices have inherent privacy risks – especially when your e-mail access is provided through your employer or when access to your e-mail messages is not password protected.

Clearwater's desktop and laptop computers are equipped with a firewall, a virus protection and a password, and all confidential information from the computer is backed up on a regular basis onto an encrypted hard-drive. Please note that e-mails, faxes, and texts are all part of your clinical records.

Please notify Clearwater through your therapist if you decide to avoid or limit, in any way, the use of e-mail, texts, cell phone calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted e-mail, texts or e-fax or via phone messages, it will be assumed that you have evaluated the risks and made an informed decision. Clearwater will view it as your agreement to take the risk that such communication may be intercepted, and your desire to communicate on such matters will be honored.

Patient's Name: _____

Patient's Signature: _____

Cell Phone Number: _____

E-mail Address: _____