



## Consent to Communicate with Wynns Family Psychology

Kristen Wynns, Ph.D., PLLC (doing business as Wynns Family Psychology) and its associates offer our clients the opportunity to communicate through different means. This form provides information about these methods and will be used to document your consent for us to communicate with you through these methods. For the purposes of our forms and agreements, “Wynns Family Psychology” will be used to refer to Kristen Wynns, Ph.D., PLLC and its associates.

### Email Communications:

Wynns Family Psychology offers our clients the opportunity to communicate by email. This form provides information about the risks of email, guidelines for email communication, and how we will use email communication. Though email is one of our preferred methods of correspondence, we’re encouraged to let you know that email may not be a secure form of communication. Because there is no guarantee of privacy, emailing sensitive and confidential information should be limited. It’s important to understand that while most email accounts have safeguards in place to protect your privacy, no email system is perfect, and breaches in security could allow unauthorized parties to access your personal and confidential information.

**Email Risks:** Communication by email has a number of risks which include, but are not limited to, the following:

- Email can be circulated, forwarded, and stored in paper and electronic files.
- Backup copies of email may exist even after the sender or the recipient has deleted his/her copy.
- Email can be received by unintended recipients.
- Email senders can easily type in the wrong e-mail address.
- Email can be intercepted, altered, forwarded, or used without authorization or detection.
- Email can be used to introduce viruses into computer systems.

### How We Will Use Email:

- We will limit email correspondence to clients who are adults 18 years or older, or the legal representatives of established clients, unless authorized by the client to communicate with other professionals.
- Email communication may include, but is not limited to, information about scheduling appointments, billing questions, and routine client questions.
- Email correspondences may also include information about therapy, testing, group, custody, or medication services.
- Though our goal is to limit the transmission of private information, when requested by the client, Wynns Family Psychology may provide sensitive information via email, such as confidential summaries and reports.
- Emails to or from you may be made a part of your medical record. You will have the same right of access to such emails as you do to the remainder of your medical file.
- Your email messages may be forwarded to another Wynns Family Psychology associate or office staff member as necessary for appropriate handling.
- Without your permission (or unless your account is delinquent), we will not disclose your contact information, including email(s), to other professionals, collections agencies, researchers, or others unless required by state or federal law. Please refer to our Notice of Privacy Practices for information as to permitted uses of your health information and your rights regarding privacy matters.

### Guidelines for Email Communication:

- Email messages should not be time-sensitive. While we try to respond to emails within 24 hours, in some instances, it may take longer. Urgent messages or needs should be relayed to an urgent care facility.
- Please understand we do not provide advice or respond to clinical issues via email. We will ask that you schedule a phone consultation or wait for your next scheduled appointment to discuss anything other than scheduling or billing.
- If your email requires a response, and you have not heard back from us within three (3) working days, first check your email’s spam folder, and then call our office to follow-up and determine if we received your email.
- Take precautions to protect the confidentiality of email, such as safeguarding your computer password and using screen savers.
- Please do not include information through email you wish to be kept private.
- Inform us of changes in your email address(es).

**IN A MEDICAL EMERGENCY, DO NOT USE EMAIL... CALL 911** or go to your nearest emergency room. Wynns Family Psychology does not provide emergency services.



### Phone and Voice Message Communication:

Wynns Family Psychology also offers our clients the opportunity to communicate by phone. In order to maintain a reasonable flow of communication, it may be necessary for us to leave a message on an answering machine, voicemail, or with a third party. It's important that you understand more than one person in a home or office may receive this call, be left with a message, or have access to these voice messages. This information also applies to communication through video messaging services such as Skype and FaceTime. The recording of any communication with Wynns Family Psychology, including traditional and video phone calls, is strictly prohibited.

### Agreement:

I want to communicate with Wynns Family Psychology by email. I understand the inherent risks of communicating by email, including the privacy risks explained in this form. I understand that Wynns Family Psychology cannot guarantee the security and confidentiality of email communication including, but not limited to, written messages, file attachments, and internet links. Wynns Family Psychology will not be responsible for emails or messages that are not received or delivered, or for the disclosure of personal or confidential information. I authorize Wynns Family Psychology to communicate through any of the email addresses provided on any of our client forms or during our email communications, including, but not limited to, the email address(es) of my spouse and/or child's legal guardian(s).

I understand that I may also communicate with Wynns Family Psychology by telephone or during a scheduled appointment, and that email is not a substitute for care that may be provided during an office visit. Appointments should be made to discuss any new issues or any sensitive medical information.

I understand that either I or Wynns Family Psychology may stop using e-mail as a means of communication upon my written request. I understand that I may revoke this consent at any time by so advising Wynns Family Psychology in writing. My revocation of consent will not affect my ability to obtain future health care nor will it cause the loss of any benefits to which I am otherwise entitled.

I authorize Wynns Family Psychology to communicate via traditional phone and video phone services and leave messages (with the person who answer the phone, on an answering machine, or through voicemail) at any of the phone numbers provided on any of our client forms or during our phone communications, including, but not limited to, the phone number(s) of my spouse and/or child's legal guardian(s). I understand that Wynns Family Psychology cannot guarantee the security and confidentiality of these voice messages. Wynns Family Psychology will not be responsible for messages that are not received or delivered, or for the disclosure of personal or confidential information. I also understand the recording of any communication with Wynns Family Psychology, including, but not limited to, traditional and video phone calls, is strictly prohibited.

I have read and understand this form. I have had the opportunity to ask questions and my questions have been answered to my satisfaction. I understand and agree with the information contained in this form and give my consent for e-mail, phone, and voice message communications to and from Wynns Family Psychology.

**Your signature below indicates you have read this document and the agreement in full, understand the information, and agree to abide by the statements herein and its terms during our professional relationship.**

Name(s) of Client(s), Parent(s), & Legal Guardian(s) \_\_\_\_\_

Client Date(s) of Birth \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Email Address(es) \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Skype Account(s) \_\_\_\_\_ Other(s) \_\_\_\_\_

Child's Name (if applicable) \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_