



Susan LaFreniere & Associates

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

It may become useful during the course of treatment to communicate by email, text message, Facetime, Skype or other electronic methods of communication. Be informed that these methods, in their typical form, are not a confidential means of communication. If you (or your child) use these methods to communicate with the therapist, there is a *very* limited chance that a third party may be able to intercept and eavesdrop on those 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 your therapist.
- Third parties on the Internet such as server administrators and others who monitor Internet traffic

***As a practice policy, we do not communicate with patients and/or their families via social media nor accept any "friend" requests. Therapists are required to ignore all such requests.*

*In the event that you are given the therapist's personal cell number, **please respect that usage boundaries are limited to the context with which the number was given:** ie) Last minute only - directions, late arrival or cancellations for offsite/retreat location appointments. **All other communications should go through the main office phone unless other permission was given as part of a treatment directive.** Thank you for your consideration.*

Consent for Transmission of Protected Health Information by Non-Secure Methods

I consent to allow the therapist and/or office staff to use unsecured email and mobile phone text messaging to transmit to me the following protected health information (check all that apply):

- Information related to scheduling appointments.
 - Please send appointment reminders by text (an automated process via our scheduling software)
- Information related to billing and payment
- Information of a therapeutic or clinical nature, including discussion of personal material related to my (or my child's) treatment.

I have been informed of the risks, including but not limited to my (or my child's) confidentiality in treatment, of transmitting my protected health information by unsecured 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 consent at any time.

I choose to authorize the above-named non-secure methods of communication. I understand that the therapist makes available the following means of secure communication: Landline phone 906-228-3092

- I do not consent to allow the therapist and/or office staff to use any unsecured email and/or mobile phone text messaging

Client Name: _____

Signature of Client (or parent/guardian)

Date