Laura Kramer LMHC PLLC

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**Client Request for Transmission of Protected Health Information by non-secure means: Use of Electronic Mail or SMS text**

Client Name:

please print clearly

Client e-mail address:

please print clearly

1. REQUEST FOR E-MAIL COMMUNICATIONS

I request, as an alternate form of communication, that Laura Kramer send and receive electronic mail (e-mail), or texts for limited communications with me. This includes scheduling, billing and payment, forms that may include sensitive confidential information, information of a therapeutic or clinical nature, including discussion of personal material relevant to my treatment.

1. CONDITIONS FOR THE USE OF E-MAIL

As a condition of being allowed to communicate by e-mail, I agree as follows:

1. **For Emergencies, I Will Call 911 or the crisis clinic at 206-461-3222.** I will not use e-mail for any emergency or urgent situation.
2. For questions or concerns about potentially serious and/or time sensitive health care issues, I will call or meet with my clinician directly. I will not send time sensitive communications. I understand that it may take one to three business days to get a response.
3. I will be as concise as possible in my communications. E-mail messages are not designed to replace face-to-face encounters. If my communication contains complex or many issues, my therapist may not have time for through review.
4. Follow-up is solely my responsibility. I am responsible for scheduling any necessary appointments and for determining if I need additional information.
5. I will not disregard or fail to seek professional health care advice based on an e-mail with Laura Kramer.
6. I will not send any unlawful, threatening, defamatory, libelous, obscene, pornographic, or profane material.
7. I understand that, because of the risks outlined below, Laura Kramer cannot guarantee the privacy, security, and confidentiality of e-mail communication.
8. Laura Kramer cannot be held responsible for any delays in or failures of e-mail.

1. RISK OF USING E-MAIL

I understand that Laura Kramer is willing to use e-mail communications at the client’s request. Transmitting client information by e-mail, however, has a number of risks that I must consider before agreeing to communicate via email. These risks include, but are not limited to:

1. E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
2. E-mail can be immediately broadcast worldwide and be received by both intended and unintended recipients.
3. E-mail senders can misaddress e-mail, and e‑mail may not reach the intended recipient.
4. E-mail can be more easily falsified than handwritten or signed documents.
5. Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy.
6. E-mail can be intercepted, altered, forwarded, or used without authorization or detection. Consider e-mail to be like a postcard that may be viewed by unintended persons.
7. The content of an e-mail message may be misunderstood or misinterpreted, so sent and received e-mails should be read carefully and clarified as needed.
8. There may be a delay in reviewing and responding to e-mail.
9. E-mail can be used to introduce viruses into computer systems.
10. E-mail may not necessarily be protected by confidentiality laws and professional privilege.
11. PATIENT ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read and understand this request form. I have had an opportunity to have my questions answered. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this authorization at any time. I understand the risks associated with the communication of e-mail between Laura Kramer and me and agree to the conditions outlined in this form.

Client Signature:

Date:

Witness Signature:

Date: