



RK COUNSELING

Please Initial and sign below:

The undersigned agrees to the following electronic communication policies:

1. Appointment dates and times can be communicated via phone, email or text, as indicated on demographic form by you (client).
 - a. **Email and/or text should not be used for purposes other than scheduling/rescheduling appointments.** (Initials) _____
2. No symptoms or detailed personal information should be communicated or exchanged via text. (Initials) _____
3. When using text or email to communicate with Rikki Davlin, **the client understands that confidentiality is limited to the security and encryption options set on the phone or email account which is being used.**
- 4.
5. I, _____, acknowledge the risks of electronic communication via email and text message and I still prefer to use unencrypted methods of communication. (Initials) _____ **If you do not agree to receiving unencrypted email or text messaging please read and sign #6 below.**
6. I, _____, prefer to receive email and text messages via an encrypted service and am willing to download the appropriate app or software in order to receive the encrypted communications.
7. In the event of a breach of PHI via text or email, Rikki Davlin will contact you and take all appropriate steps necessary to resolve the situation and ensure the information is secured.

Signature of client or Personal Representative/Guardian

Date