

## Email Contact Consent Form

I have found that scheduling appointments and responding to general questions can be more quickly and efficiently addressed through email. However, there are limitations to this form of communication.

First, I am not available through email or the internet, more broadly, for psychotherapy, professional consultation or emergencies. If you have an emergency, please call my office phone at (615) 370-2868 and follow the directions provided for emergency situations.

Second, confidentiality may be compromised by contact using electronic forms of communication such as unencrypted email, internet transmissions, cellular phone calls or text messaging. In other words, people with the technical expertise and desire can electronically eaves drop on any messages we exchange through these media. Therefore, you need to be aware that I cannot guarantee your confidentiality when using these means of communications.

By providing your email address and initialing the consent form below, you are verifying that you understand these limitations and are agreeing to communicate by these electronic means.

**Client email address:** \_\_\_\_\_

By providing this email address, I understand the limitations of confidentiality using this form of communication and nevertheless give my consent for Dr. Wellborn to communicate with me through this media regarding appointments and for brief exchanges of information related to treatment. I further understand that Dr. Wellborn is never available for emergencies through email at any time.

Initial: \_\_\_\_\_

I understand that Dr. Wellborn cannot guarantee the confidentiality of cellular phone transmissions should I choose to communicate with him through this media and nevertheless give my consent for Dr. Wellborn to initiate or respond to any text or phone call.

Initial: \_\_\_\_\_

**Mother email address:** \_\_\_\_\_

By providing this email address, I understand the limitations of confidentiality with this form of communication and nevertheless give my consent for Dr. Wellborn to communicate with me through this media regarding appointments and for brief exchanges of information related to treatment. I further understand that Dr. Wellborn is never available for emergencies through email at any time.

Initial: \_\_\_\_\_

I understand that Dr. Wellborn cannot guarantee the confidentiality of cellular phone transmissions should I choose to communicate with him through this media and nevertheless give my consent for Dr. Wellborn to initiate or respond to any text or phone call.

Initial: \_\_\_\_\_

**Father email address:** \_\_\_\_\_

By providing this email address, I understand the limitations of confidentiality with this form of communication and nevertheless give my consent for Dr. Wellborn to communicate with me through this media regarding appointments and for brief exchanges of information related to treatment. I further understand that Dr. Wellborn is never available for emergencies through email.

Initial: \_\_\_\_\_

I understand that Dr. Wellborn cannot guarantee the confidentiality of cellular phone transmissions should I choose to communicate with him through this media and nevertheless give my consent for Dr. Wellborn to initiate or respond to any text or phone call.

Initial: \_\_\_\_\_