



# Guided Solutions Therapy, S.C.

## TERMS AND CONDITIONS

**DISCLAIMER:** By submitting your information, you consent to receive SMS communications. Reply STOP to any message received to unsubscribe or HELP for assistance.

### EMAIL/TEXT MESSAGING CONSENT FORM

You may give permission to us to communicate with you by text or/and email. This form provides information about the risks and guidelines for email/text communication, and how we use email/text communication. It also serves as your consent for communication with you by email and text message. In the case of children under 18 years old, the parent or legal guardian must approve of email/text communication and sign this consent.

#### Potential Risks of Using Email/Text Messaging:

Email and text messages may not be delivered on time.

Email and text messages can be circulated, forwarded or stored in electronic files or on paper.

Email and text messages can be mistakenly sent by the sender to unintended recipients.

Email and text messaging is easier to falsify than handwritten or signed forms.

Backup copies may exist even after sender and/or recipient has deleted their copies.

Email and text messages can be intercepted, altered, forwarded or used without one's knowledge or permission.

Emails and text messages can be used as evidence in court.

Email and text messages can be lost in transmission.

Email and text messaging may not be secure, and therefore it is possible that a third party may breach the confidentiality of such communications.

#### Conditions for the Use of Text Messaging and/or Email:

We cannot guarantee but will use reasonable methods to protect the security and confidentiality of email and text information sent and received. We will not be held responsible for improper disclosure of confidential information that is not caused by Therapist's intentional misconduct. You must consent to use of texting or email includes agreement with the following terms:



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IN A MEDICAL OR LIFE-THREATENING EMERGENCY, PLEASE DO NOT USE EMAIL OR TEXT, CALL 911!

By signing this form, the client or the client's legal guardian consent to Email and/or text message correspondence.

Your Therapist shall not email or text any Protected Health Information unless you specifically request him/her to do so.

Any email that you send that discusses your diagnosis or treatment constitutes informed consent to the information being transmitted.

Emails and/or text messages containing clinical content will become a part of your medical record.

Emails should not be time sensitive. While we try to respond to email messages daily, we cannot guarantee that any particular email will be read and responded to within any particular period of time. If you have not heard back from us within three days, call our office to follow up if we have received your email.

You are responsible for informing the provider of any types of information that you do not want sent by text message and/or email.

We will not forward your identifiable email/texts to outside parties without your written consent, except as authorized by law.

You are responsible for protecting your password and access to your phone and/or email account and any text or email you send or receive from GSTLLC to ensure your confidentiality. Your therapist cannot be held liable if there is a breach of confidentiality caused by a breach in your account security.

Use your best judgment when considering the use of email or text messages for communication of sensitive medical information. We are not responsible for the content of messages.

Withdrawal of consent:

I understand that I may revoke this consent at any time by so advising 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.