



Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

## **Text & Email Communication Informed Consent**

### **1. Risks of Using text or email to communicate**

- a. The information can be altered, forwarded, stored electronically, circulated, or intercepted without consent
- b. It can be used as evidence in a court hearing
- c. The information that is shared is not confidential and not a secure way of communicating, therefore there is a risk of the communication being breached by a third party
- d. It can easily be misaddressed to the wrong recipient
- e. The information may exist on the device even after the sender or the recipient has deleted the original copy

### **2. Conditions for using text and email**

- a. This form of communication should not be used during a clinical crisis
- b. Responses to email and text will be within 24 to 48 hours (responses will not be provided after 6 PM)
- c. All emails and text will be printed out and a hard copy will be filed in the patient's file
- d. Patients and guardians should NOT utilize email and text to communicate sensitive mental health information
- e. North Star Therapy, PLLC and Dr. Arezoo Khanzadeh, are not liable for breaches of confidentiality caused by the patient or any third party

Dr. Arezoo Khanzadeh cannot guarantee but will use reasonable means to maintain security and confidentiality of text and email information sent and received. Dr. Khanzadeh is not liable for improper disclosure of confidential information that is not caused by Dr. Khanzadeh's intentional misconduct.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of texting and emailing between Dr. Khanzadeh and myself. I consent to the conditions and instructions outlined.

\_\_\_\_\_  
Patient/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Arezoo Khanzadeh, Psy.D.

\_\_\_\_\_  
Date