

ELECTRONIC COMMUNICATIONS

E-mail, Text Messaging, & Other Forms of Electronic Communications

Some clients have expressed interest and preference for communication with Donna L. Fone, LMFT/LPCC through various forms of e-mail, text messaging or other forms of electronic communication. Please read and sign this form regarding communication through e-mail, text messaging or other forms of electronic communication.

I understand that e-mail, text messaging and other forms of electronic communication are inherently an un-secure means of communication. Every effort will be made to treat these forms of communication confidentially. Donna L. Fone, LMFT/LPCC may initiate contact with clients through e-mail, text messaging and other forms of electronic communication regarding availability of appointments, scheduling issues, and cancellation of appointments (e.g., due to illness or other unforeseen events) as appropriate and agreed to below. Donna L. Fone, LMFT/LPCC will not initiate contact with clients through e-mail, text messaging and other forms of electronic communication regarding clinical matters. If client chose to initiate contact with Donna L. Fone, LMFT/LPCC regarding clinical issues from sessions, Donna L. Fone, LMFT/LPCC may respond to client e-mail, text messaging, and other forms of electronic communications by this same medium or as Donna L. Fone, LMFT/LPCC determines appropriate and consistent with the terms and conditions set forth in the Therapy Information And Consent Form previously signed.

Please review the following options, check the box and initial the lines that you would prefer as means of communication as they apply to you:

I authorize communication via e-mail, text messaging or other forms of electronic communication.

Client Initials: _____

I **DO NOT** authorize communication via e-mail, text messaging or other forms of electronic communication.

Client Initials: _____

Please contact me through the following email address(es): _____

Please contact me through the following telephone number(s) for text messaging: _____

Client Initials: _____

Please contact me through the following telephone number(s) for voice mail: _____

Client Initials: _____

I have read the above and by signing this Electronic Communication Policy, I agree to all the above information and conditions.

Client signature (or Parent/Guardian)

Date

Client signature (or Parent/Guardian)

Date

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Date