



PSYCHOLOGIST-CLIENT SERVICES AGREEMENT & INFORMED CONSENT

Before you begin treatment, it is important that you know what to expect. The following is intended to inform you about my practice, the services that I provide, office policies, and the benefits and risks of receiving psychological services, in an effort to help you give an informed consent for treatment. In addition, you should review the accompanying Oregon HIPAA Notice for information about privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI). The law, among other things, requires that I obtain your signature acknowledging that I have provided you with this information. When you sign this consent, it will represent an agreement between us. Please take your time to read these documents carefully, asking any clarifying questions you might have, to ensure a thorough understanding in giving a fully informed consent.

Who Am I? What Therapy Services Do I Provide?

With over 20 years of therapeutic experience, I received my Doctorate of Clinical Psychology in 2002, and have been a Licensed Psychologist (Oregon #1559) since 2003. In addition, my background in nursing studies and experience working in hospital settings gives me a unique perspective on the mind-body connection. I was also a Professor of Abnormal Psychology at Portland State University for 3 years. My individual therapy intervention strategies include specialized training in using Rational Emotive Behavior Therapy (REBT), Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT) and psychodynamic methods. I have received advanced training in couples techniques, including use of the empirically supported methods developed by the Gottman Institute. I am an active member of the American Psychological Association (APA) and the Oregon Psychological Association (OPA), where I served on the Board of Directors and on the Professional Affairs Committee (PAC).

Making Appointments:

Appointments are scheduled with me directly (see communications policy below). Sessions are by appointment only. I have daytime hours from Monday to Thursday, from 9:00 AM to 5:00 PM. Exceptions for Friday appointments or limited evening appointments may be made on a case by case basis but are rare.

Cancellation/Rescheduling/Missed Appointments:

It is your responsibility to cancel or reschedule all appointments with at least 24 hours notice. You may leave a message on my voicemail 24/7. Please do not use email to cancel or reschedule appointments with short notice. A late cancellation fee will be charged for sessions missed without a 24 hour notice, with a one time exception. The Usual & Customary fee is due for each missed appointment thereafter. If using an insurance, it is important for you to know that insurance companies may not reimburse for missed appointments. If a claim is denied for 'late cancel' or 'no show' reasons, you will be responsible for the missed session fee.

Emergencies:

In an urgent situation, I will see you as soon as I can realistically schedule an appointment. However, my private practice is not set up to respond to truly emergent situations. If you are having an emergency and I am not available, you may choose to call 9-1-1 or to proceed to the nearest emergency department. If it is a medical emergency you may also choose to contact your medical group, primary care physician or County crisis resources. Other emergency resources are available on my website www.drspencergriffith.com/emergency-info/



What To Expect From The Therapeutic Process

Teletherapy-Based Care:

In light of events related to Covid-19, my practice transitioned to providing teletherapy-based care. So far, research and clinical experience suggest the ability to start and maintain an effective therapeutic relationship entirely via telehealth is actually very viable. This can be especially true if the clinician has proper knowledge and skill, the clients needs are compatible, and everything is set up properly. I have undergone specific training and certification in providing high quality teletherapy care, plus several years of practice in this medium have enabled good outcomes for many patients.

Teletherapy based care is somewhat different, but not less than, traditional visits. As with any medium, there are pros and cons, benefits and risks. It is different in ways that will work for some, and not for others. However, my recent and current clients have generally done well with this medium, most even preferring it as a more convenient, flexible and safe option versus in-person visits that would still require masking due to a clinic being a health care setting. My teletherapy-based practice does not usually involve meeting at an office, although I have capacity to meet for emergencies and/or when otherwise required at my office in Beaverton, Oregon.

Benefits & Risks of Teletherapy:

Before we start teletherapy work together, it is important you are aware of the risks and benefits, procedures and guidelines to be followed to help our work be safe and effective for you.

Receiving services via teletherapy allows you to:

- Receive services at times or in places where these services may not otherwise be available.
- Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings.
- Receive services when you are unable to travel to the service provider's office.

Receiving services via teletherapy has the following risks:

Teletherapy services can be impacted by technical failures, may introduce risks to your privacy, and may reduce your service provider's ability to directly intervene in crises or emergencies. Here is a non-exhaustive list of examples:

- Internet connections and cloud services could cease working or become too unstable to use.
- Cloud-based service personnel, IT assistants, and malicious actors ("hackers") may have the ability to access your private information that is transmitted or stored in the process of teletherapy-based service delivery. To minimize this risk, I use HIPAA compliant technologies including encrypted two way communication.
- Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out.

Interruptions in connectedness may disrupt services at important moments, and your provider may be unable to reach you quickly or use the most effective tools. Your provider may also be unable to help you in-person. There may be additional benefits and risks to teletherapy services that arise from the lack of in-person contact or presence, the distance between you and your provider at the time of service, and the technological tools used to deliver services.

Assessing Teletherapy's Fit For You:

Although it is well validated by research, service delivery via teletherapy may not be a good fit for every person. Your provider will continuously assess if working via teletherapy is appropriate for your case. If it is not appropriate, your provider will help you find in-person providers with whom to continue services.

Please talk to your provider if you find the teletherapy interactions so difficult to use that it distracts from the services being provided. Raising your questions or concerns will not, by itself, result in termination of services. Bringing your concerns to your provider is often a part of the process.

You also have a right to stop receiving services by teletherapy at any time without prejudice. If your provider also provides services in-person and you are reasonably able to access the provider's in-person services, you will not be prevented from accessing those services if you choose to stop using teletherapy.

Your Teletherapy Environment:

You will be responsible for creating a safe and confidential space during sessions. You should use a space that is free of other people. It should also be difficult for people outside the space to see or hear your interactions with your provider during the session. If you are unsure of how to do this, please ask your provider for assistance.

Our Communication Plan:

Our work is done primarily during our scheduled sessions, which will generally occur during my normal Monday - Thursday business hours. Contact between sessions should be generally be limited to confirming or changing appointment times, asking questions about billing or other business related issues.

At our first session, we will develop a plan for backup communications in case of technology failures and a plan for responding to emergencies and mental health crises. In addition to those plans, your provider has the following policies regarding communications:

- The best way to contact your provider between sessions is to call 503.781.9085. You can also text non-clinically sensitive information to this same number. Your provider will respond to your messages within 24 business hours. Please note that your provider may not respond at all on weekends or holidays. Your provider may also respond sooner than stated in this policy. That does not mean they will always respond that quickly.

- Please note that all textual messages you exchange with your provider (e.g. emails and text messages) will become a part of your health record. Your provider will use reasonable care to ensure that those communications are secure and that they safeguard your privacy.

Our Safety and Emergency Plan:

As a recipient of teletherapy-based services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with your provider. Your provider will require you to designate an emergency contact. You will need to provide permission for your provider to communicate with this person about your care during emergencies.

Your provider will also develop with you a plan for what to do during mental health crises and emergencies, and a plan for how to keep your space safe during sessions. It is important that you engage with your provider in the creation of these plans and that you follow them when you need to.

Your Security and Privacy:

Except where otherwise noted, your provider employs software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged.

You also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For example: when communicating with your provider, use devices and service accounts that are protected by unique passwords that only you know. Also, use the secure tools that your provider has supplied for communications.

Recordings:

Please do not record video or audio sessions without your provider's consent. Making recordings can quickly and easily compromise your privacy, and should be done so with great care. Your provider will not record video or audio of your sessions.

The Intake, Mental Health Assessment and Releases of Information:

It is my philosophy that counseling is a collaborative effort. Your active participation is a key factor for a successful outcome. When treatment begins, I will want to know about your problems and needs. This mental health assessment often involves learning about you, your family, early development, relational history, and other relevant information. This process begins with the intake session but may extend into our initial meetings. We may also agree that it would be helpful for me to talk to other people in your life to help me in your assessment and treatment (such as family members, doctors, and the person who referred you to me). If so, you will need to sign a "Release of Information" form which will clearly describe what information is needed, with whom it can be discussed, for what purpose information may be disclosed and under what timeline such disclosures can be made.

Treatment Planning, Expectations, Goals:

Ideally, we will decide the type of treatment, the frequency and duration of our meetings, and how we will monitor your progress. We will jointly create a plan for treatment based on your needs and goals. These goals may be targeted at treating mental illness and/or promoting mental health and well-being. There are many different methods I may use to address your presenting concerns. You are encouraged to bring up any needs, requests, concerns, or questions at any time. Remember that you always have the right to request changes in, or to refuse, treatment at any time.

Psychological treatment is a shared responsibility between you and me. Sometimes sharing your feelings may be uncomfortable. In order to best help you, I need to know your honest thoughts and feelings. Therapy calls for a very active effort on your part. If you are engaged in treatment, you will be asked to work on things during and in-between our sessions. Most problems have solutions, so if you are experiencing problems with our treatment process, please let me know immediately. I value our having an open, ongoing dialogue of constructive feedback!



Communications Policy:

When you need to contact me for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

- By phone @ 503.781.9085. You may leave messages on the voicemail, which is confidential.
- By fax @ 866.454.1261.
- By secure email. I subscribe to an electronic health record (EHR) called CarePaths that allows for us to communicate more privately through the use of encryption and other privacy technologies. This does not cost you money but will require some setup to log into the CarePaths Client Portal (griffith.carepaths.com) to send and/or receive messages. If you would like the ability to do so, please discuss with me.
- By non-secure email at info@drspencergriffith.com or text @ 503.781.9085 **only** for information related to appointment scheduling or insurance billing/payment. If you wish to communicate with me by normal email or normal text message for these purposes, please read and complete the attached Consent For Communication by Non-Secure Means form.
- Secure online video software through Doxy and VSee.

Please refrain from making contact with me using social media messaging systems such as Facebook, LinkedIn or Twitter. These methods have very poor security and I am not prepared to watch them closely for important messages from clients. It is my policy to not have current or former clients in my social media network.

It is important that we be able to communicate and also keep the confidential space that is vital to therapy. Please speak with me about any concerns you have regarding my preferred communication methods.

Electronic Records Disclosure:

I keep and store records for each client in a record-keeping system produced and maintained by CarePaths. This system is “cloud-based,” meaning the records are stored on servers which are connected to the Internet. Here are the ways in which the security of these records is maintained:

- CarePaths is ONC Certified meaning it meets the highest standards for government regulatory approval.
- I have entered into a HIPAA Business Associate Agreement with CarePaths. Because of this agreement, CarePaths is obligated by federal law to protect these records from unauthorized use or disclosure.
- The computers on which these records are stored are kept in secure data centers, where various physical security measures are used to maintain the protection of the computers from physical access by unauthorized persons.
- CarePaths employs various technical security measures to maintain the protection of these records from unauthorized use or disclosure.
- I have my own security measures for protecting the devices that I use to access these records:
 - On computers, I employ firewalls, antivirus software, passwords, and disk encryption to protect the computer from unauthorized access and thus to protect the records from unauthorized access. I can remote wipe my computer should it ever be stolen or lost.
 - With mobile devices, I use passwords, remote tracking, and remote wipe to maintain the security of the device and prevent unauthorized persons from using it to access my records.



INSURANCE/BILLING POLICIES

Usual & Customary Fees, Payments, Delinquent Balance Resolution, Legal Fees:

You are ultimately responsible for the agreed upon Usual & Customary fees for services rendered. These are the fees established in the Psychologist-Client Fee Agreement. Reduced fee rates may be available for uninsured clients, based on documented financial need and according to my Sliding Scale Fee Guidelines form. Fees for all services are due in full at the time of service, unless prior arrangements are made involving insurance billing or other 3rd party reimbursement. When applicable, co-payments or deductibles are expected at the time of service.

Payments may be made by cash, check, debit and credit card (Visa, MasterCard, American Express, Discover). You will be responsible for any returned check charges, collection fees and credit card penalty fees. Regardless of preferred payment methods, a credit/debit card number will be held on file as a contingency for delinquent payments. This information is destroyed after therapy has ended and any balances have been reconciled.

If necessary, I will make every reasonable effort to negotiate a payment plan to resolve past due balances. But should balances become delinquent and unrecoverable, a 3rd party collection agency may be used. Such collections may require limited disclosures of demographic information. Past due balances aged over 60 days may be charged a 1.5% interest rate per 30 days. All balances outstanding after 90 days will be charged to the client's debit/credit card.

If you become involved in any legal proceedings that require my participation, I will bill at a rate of \$200.00 per hour payable in advance. This would include, but is not limited to, my professional time, preparation, travel time and transportation costs. Other services, such as release of records to authorized parties, will be billed on a case by case basis.

Insurance Billing Policies:

If using an insurance, it is your responsibility to be aware of deductibles, co-payments, benefit/session limits and other restrictions affecting reimbursement. You are responsible for obtaining authorizations and pre-certifications but I will make every reasonable effort to assist in that process.

If I am a paneled provider for an insurance, as a courtesy, I will submit claims on your behalf. I will make every reasonable effort to collect payment from the primary insurance according to my contract with them. However, excessive billing complications and delays by the insurance may require that I bill you for services rendered and your pursuing reimbursement independently. If I am a paneled provider for your primary insurance and there is a secondary insurance, I will process the claims for the primary insurance only. You will be billed the remaining balance and you may then seek reimbursement from the secondary insurance independently.

If I am not a paneled provider for your insurance, you may be responsible to pay the agreed upon Usual & Customary fee at time of service. I will then provide you with the information needed to seek reimbursement from your insurance company directly.



Benefits and Risks of Using Insurance Benefits:

You may choose to either receive services with or independent of your insurance. Regardless, it is **your** responsibility to know what your benefits are and to be prepared to pay copay/deductible/coinsurance fees that your insurance designates as “patient responsibility” balances.

It is important that you understand the benefits and risks of using insurance when seeking psychological services. The most obvious benefit of using insurance is getting financial assistance to offset the costs of treatment. Insurance benefits may reduce patient responsible costs to a simple copay or a percentage of session fees. For medical services, most people feel these cost savings justify any risks. However, utilizing insurance benefits may have several risks related to privacy, control of treatment, and future insurability in ways which are unique to mental health services.

Privacy - In therapy, your ability to feel confident that you can discuss highly private matters in a way that will be kept confidential is essential. By choosing to bill insurance, you agree to disclose all information requested by the insurance. I attempt to disclose just the minimal information whenever possible. Ideally, this information is protected by HIPAA standards for privacy. However, once the information is released to the insurance, I cannot guarantee its privacy. For clients who have concerns about who will have access to this information and how it might be used, choosing to receive services outside of insurance involvement may be desirable and sufficiently valuable to forgo the use of insurance benefits.

Control of Treatment - When utilizing insurance benefits, it is often the insurance company who decides if therapy is necessary, how long we can meet and to some degree what the focus of therapy should be. Insurance companies often limit clients to treatment for conditions they deem ‘medically necessary’ for the treatment of mental illness. It is the insurance company, not the doctor or the patient, who determines medical necessity. Using therapy to promote mental health or for personal development is not considered medically necessary. Session limits may be established and it is typically the responsibility of the client or the provider to repeatedly submit paperwork, including chart notes and treatment plans, to obtain authorization for additional sessions. Treatment plans may require that we address specific goals or topics in each session, rather than having the freedom to collaboratively determine the focus of our meetings. At times, having a dictated focus of treatment can limit our ability to work on what’s most important to you. Regardless of the progress of treatment, the insurance company can at any point decide it is unwilling to allow more sessions. This often puts clients in a difficult position of choosing to then pay for services or to abruptly discontinue therapy.

Risks to Future Insurability & Employment - Once claims are submitted to insurance companies, your medical history will indicate that you have been diagnosed with a mental health condition. There have been reported and documented cases where documentation of these diagnoses has negatively affected people’s ability to get and keep life or health insurance. In some cases, employers may use this information to determine fitness for duty in police, security and other job settings, which may limit employment opportunities.

Whenever possible, I prefer to work outside of insurance involvement in order to minimize these and other clinical, moral and ethical dilemmas. However, I am also realistic that for some clients using insurance benefits to see a therapist is their only feasible way to get help. For this reason, in the following ways, I am willing to work with you and your insurance per my billing policies.



OREGON HIPAA NOTICE & LIMITS OF CONFIDENTIALITY

Notice of Policies and Practices to Protect the Privacy of Your Health Information:

This describes how psychological and medical information about you may be used, disclosed, and how you can access this information. This disclosure is, in part, required for compliance with the Health Insurance Portability and Accountability Act (HIPAA) Please review it carefully.

I. Uses and Disclosures for Treatment, Payment and Health Care Operations

I may use or disclose your protected health information (PHI) for treatment, payment and healthcare operations purposes with your consent. To help clarify these terms, here are some definitions:

- ❖ “PHI” refers to information in your health record that could identify you.
- ❖ “Treatment”, “Payment” and “Health Care Operations”:
 - ❖ “Treatment” is when I provide, coordinate, or manage your health care and other services related to your health care. One example of treatment would be when I consult with another health care provider, such as your family physician or another mental health provider.
 - ❖ “Payment” is when I obtain reimbursement of my fees for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your healthcare or to determine your eligibility or coverage.
 - ❖ “Health Care Operations” are activities that relate to the performance and operation of my practice. Examples of Health Care Operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management.
- ❖ “Use” applies to activities within my office, clinic, practice group, etc, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- ❖ “Disclosure” applies to activities outside my office, clinic, practice group, etc, such as releasing, transferring, or providing access to information about you or to other parties.

II. Uses and Disclosures Requiring Authorization:

I may use your PHI, or disclose your PHI, for purposes outside of treatment, payment and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for written authorization from you before releasing that information. I will also need to obtain a written authorization before releasing your psychotherapy notes. “Psychotherapy Notes” are notes that I may have made about our discussions during a private, group, joint, or couple’s counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (PHI and/or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, as the law provides the insurer with the right to contest the claim under the policy.



IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- ❖ Right to request Restrictions – You have the right to request restrictions on certain uses and disclosures of your PHI. However, I am not required to agree to your request for a restriction.
- ❖ Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your correspondence to another address.)
- ❖ Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records as long as the PHI is maintained in the record. I may deny your request in some circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- ❖ Right to Amend – You may request an amendment to PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- ❖ Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- ❖ Right to a Paper Copy - You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- ❖ I am required by law to maintain the privacy of PHI and to provide you with this notice of my legal duties and privacy practices with respect to PHI.
- ❖ I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- ❖ If I revise my policies and procedures, I will provide you with a revised notice by mail or at our first meeting following these revisions.
- ❖ I maintain records for at least 7 years. In the event of serious incapacity or death, I have a designated colleague on file with the Oregon Board of Psychologist Examiners (OBPE) who will maintain and dispose of records as needed.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me. If you believe that your privacy rights have been violated and wish to file a complaint with my office, you may send your written complaint to me. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.



III. Uses and Disclosures with Neither Consent nor Authorization: (Limits to Confidentiality)

I may use or disclose PHI without your consent in the following circumstances:

- ❖ *Child Abuse:* If there is a child abuse investigation, I may or may not be compelled to turn over your relevant records. Child abuse may be defined as including physical abuse, neglect, mental injury or emotional maltreatment, sexual abuse or sexual exploitation, and threat to harm a child, which may include exposure to domestic violence.
- ❖ *Elder Abuse:* If there is report of elder abuse, I may or may not be compelled to turn over your relevant records.
- ❖ *Health Oversight:* The Oregon State Board of Psychologist Examiners may subpoena relevant records from me should I be the subject of a complaint.
- ❖ *Judicial or Administrative Proceedings:* If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law, and I must not release your information without written authorization by you or your personal or legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case. Whenever possible, I will try to avoid any legal involvement.
- ❖ *Serious Threat to Health or Safety:* I may disclose confidential information when I judge that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person. I must limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems.
- ❖ *Worker's Compensation:* If you file a worker's compensation claim, this constitutes authorization for me to release your relevant mental health records to involved parties and officials. This would include a past history of complaints or treatment of a condition similar to that in the complaint.
- ❖ *Crimes Against Me:* I will report to the police any threat and/or crime by a patient towards me.
- ❖ *Access to Records by Non-Custodial Parents:* Both parents have rights to have access to a minor child's chart. This applies if you are not married to the child's other parent, and even if you have sole custody. Only the court can limit the right of non-custodial parents.



Managing Risks of Treatment and Complaints:

I have had many clients benefit from their treatment experiences. However, there are risks in treatment. I strive to help people feel and do better, but change and success is never a sure thing. As problems are discussed, individuals or couples in treatment can experience emotional discomfort, changes in relationships, and temporary worsening of symptoms. Your problems may seem to get worse as we explore new ways of thinking, feeling, or doing, which may affect others close to you. These difficulties generally subside as our work together progresses. I will try to work with you in minimizing these and any other risks we can anticipate. Please feel free to talk to me about these potential risks and benefits, as ultimately, you must be the judge of entering or continuing treatment.

My clients tend to be highly satisfied with our work. But I always hope to talk about and work through problems with clients if and when they arise. Remember, you can talk to me at any time. I take very seriously the ethics and standards of my profession. However, all consumers of mental health services should be aware that there are regulatory bodies and professional organizations to whom you can address complaints regarding any provider.

Alternatives to Treatment Here:

Not every psychologist is a good “fit” for every client’s needs. If you find that I am not best suited to work with you, I am available to help direct you to others who may better fit your needs. There are community and county mental health agencies in the area, as well as other private mental health providers, from whom you can choose. Ultimately, regardless of my involvement, it is most important that you get the help you need.

Thank you and I look forward to working with you.

STATEMENT OF INFORMED CONSENT TO TREATMENT

I have carefully read, or have had read to me, all the information in this document. In addition, I acknowledge that I have been presented with the Oregon HIPAA Notice. By signing below, I affirm that I understand this information and that I will discuss any questions or concerns I have with Dr. Griffith. I agree to abide by the discussed policies and I freely give my informed consent to begin treatment.

Printed Name

Signature

Date



OPTIONAL CONSENT FOR COMMUNICATION BY NON-SECURE MEANS

It may become useful during the course of treatment to communicate by email, text message (e.g. “SMS”) or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate
- Third parties on the Internet such as server administrators and others who monitor Internet traffic

If there are people in your life that you don’t want accessing these communications, please talk with me about ways to keep your communications safe and confidential.

I consent to allow Spencer L Griffith, Psy.D. to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- Information related to the scheduling of meetings and appointment reminders
- Information related to billing and payment
- Other (please specify): _____

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

(Signature of client)

Date

(Printed Name)