



## ELECTRONIC COMMUNICATION AND CONSENT FOR USE

Be advised that the use of email, cell phone texting, and the other forms of technology in psychotherapy may have security concerns and have not been defined as a best-practice strategy.

Any information exchange electronically or with the use of technology increases the risk of a breach in confidentiality. Communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed. The therapist cannot guarantee protection from unauthorized attempts to access, use, or disclose personal information exchanged electronically. Do not include personal identifying information such as the birth date, or personal medical information in any email you send.

Email/texting communication with New Leaf Psychotherapy Services will be used for the purpose of simplifying and expediting scheduling/administrative matters only. You should also know that any electronic communication I receive from you and any responses that I send to you may become a part of your legal medical record.

Email/texting communication is NOT to be used to provide/receive treatment services or take the place of therapy sessions. Therefore, email/texting should NOT be used to communicate suicidal or homicidal thoughts or plans, urgent or emergency issues, serious or severe side effects or concerns, or rapidly worsening symptoms. In a life-threatening emergency clients should: Call 911. Proceed to the nearest hospital emergency room, and/or call a suicide crisis hotline 800-273-8255 or the following crisis intervention hotline.

Bucks County: 800-499-7455    Montgomery County: 610-279-8100    Philadelphia County: 215-686-4420

I have thoroughly considered all of the above information. By signing this Client Communication form, I consent to the use of email/cellphone texting as needed for scheduling and administrative purposes only, within the guidelines above. If more urgent help is needed, I will utilize the crises services listed above. Furthermore, if at any time my therapist or I believe email/texting is interfering in my therapeutic process or being used ineffectively, either of us can revoke this consent verbally, refuse to respond to emails/texts, and insist upon a verbal conversation before proceeding.

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Client Signature

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Date

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Legal Guardian / Parent Signature

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Date

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Therapist Signature

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Date

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