

Quintessential Counseling & Consultation
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Electronic Communications: Email, Text and Other 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 with Dr. Queenie Fitzgerald or Quintessential Counseling & consultation, 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 with Dr. Queenie Fitzgerald.
- 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 Queenie Fitzgerald about ways to keep your communications safe and confidential.

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

Please note this is **optional**. You are not required to consent to any electronic form of communication.

I consent to allow Dr. Queenie Fitzgerald of Quintessential Counseling & Consultation to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- *Information related to appointments, including receiving an automated reminder of your appointment.*
- *Information related to billing and payment.*
- *Respond to questions I have asked her using email or mobile phone text messaging. At Dr. Fitzgerald's discretion, if the answer requires sharing significant protected health information, she may request a phone call rather than using non-secured email or texts.*

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