



Life Discovery Counseling Services

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Email: contact@lifedcs.com

Web: LifeDCS.com

Statement of Understanding and Consent for Electronic Communication

Life Discovery Counseling Services, its employees and contractors, utilize various methods of communication to maintain contact with clients. There are various methods of contact with us including phone and email. Please understand this office is portable and thus phone contact with us will be on a cellular phone. We utilize text messaging in very limited circumstances and only for scheduling or basic information purposes.

Please be aware that electronic communication via telephone or email may not be secure for either party. Due to the nature of this type of communication, there is a potential for interception or misdirection of your information. Your use of phone or email to communicate protected health information indicates that you acknowledge and accept the possible risks associated with such communication. Please consider communicating any sensitive information in person to protect your privacy. The type of information transmitted via email should be used for scheduling or other incidental issues only. Contacts to discuss all other issues should be made preferably in person or via phone if arises.

As a general rule, Life Discovery Counseling Services, its employees and contractors, do not have contact with clients outside of the office that is unrelated to mental health treatment. This rule applies to various internet messaging sites, social networking sites, and general emails unrelated to our professional relationship. Please understand that any contacts or requests for contacts will not be confirmed or acknowledged to protect your privacy as well as to eliminate a dual relationship. Please **INITIAL** below:

_____ I understand the risks associated with utilizing any electronic methods of communication and agree to do so at my own risk.

_____ I understand email contacts will be for scheduling and incidental purposes. All other forms of communication will be made preferably in person or via phone if emergency arises.

Print Name

Client Signature

Date

Clinician Signature

Date