

Soul-Etudes LLC
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Electronic Communication Consent Form

Email is an easy and convenient way for clients and practitioners to communicate regarding scheduling, billing, and other concrete matters. It has advantages over phone calls; it also presents risks. When using email uncertainties exist, such as when your message will be read or if your practitioner is in the office or away. Email benefits client care when the following rules are regarded:

- Email is *never* appropriate for urgent or emergency problems. Please use the telephone and/or go to the nearest hospital emergency room.
- Email is useful for questions that can be answered succinctly, such as, referral and appointment scheduling requests and billing/insurance questions.
- Refrain from using email to communicate sensitive medical/clinical information (e.g. STIs, AIDS/HIV, mental illness, developmental disability, substance abuse, etc.).
- Email is NOT confidential. It is like sending a postcard through the mail. If you send messages from work, your employer has a legal right to read your email.
- Email will become a part of the medical/clinical record.
- Email is not a substitute for seeing your clinician. Please schedule an appointment as needed.

Re: couple/family therapy: one person can revoke permission to use the email system at any time.

Cell phone text is used similarly. Encryption capabilities, which ensures the security and privacy of client information, is unavailable. Consequently, cell phone texting is limited to information related to scheduling appointments (e.g. the need to reschedule, offering available times, etc.).

I have read the above information and understand the limitations of security on information transmitted and (check appropriate boxes below):

- I DO** want to communicate electronically and consent to receive SMS messages from Dr. Sutton.
- I am aware that data and messaging rates may apply and assume responsibility for my costs.
- I am aware that I may opt-out of electronic communications options by notifying Dr. Sutton.
- I DO** want to receive appointment reminders from Dr. Sutton.

Your name(s): _____

Your signature(s): _____ DATE: _____

Reminder Email address(es): _____

Reminder Mobile Phone Number(s): _____