

Consent of Electronic Communication

In order to maintain clarity regarding the use of electronic communication during your treatment, Norcon Family Counseling has prepared the following policy. This is because the use of various types of electronic communications is common in our society and many people prefer electronic communication. Each therapist at Norcon Family Counseling has the right to make specific exceptions to this policy as determined on a case to case basis with the clients they serve. If you have any questions regarding this policy, please feel free to discuss with your therapist.

As a convenience to you, Norcon Family Counseling, its employees, and its independent contractors (hereafter referred to as NFC) will communicate with you regarding your treatment by NFC via electronic communications (including but not limited to email, text, or patient portal). This means NFC will transmit your protected health information such as information about your appointment, diagnosis, progress, billing and other individually identifiable information about your treatment to you via electronic communications.

Electronic communication may not be secure and there are inherent risks to electronic communications. Common risks to electronic communications include but not limited to communications being lost, delayed, intercepted, corrupted, otherwise altered, rendered incomplete or failed to be delivered. For these reasons, electronic communications should not be used in a medical emergency. NFC cannot guarantee that electronic communication will be private. We will take reasonable steps to protect the confidentiality of client electronic communications but are not liable for improper disclosure of confidential information not caused by NFC.

EMAIL COMMUNICATIONS AND TEXT MESSAGING: NFC may communicate via email or text messages regarding appointment reminders per client request on intake paperwork. NFC may email the client for administrative purposes like setting and changing appointments, billing matters, and other related issues. If the client emails or texts their therapist or NFC regarding treatment-related issues, that constitutes informed consent and authorizes such communication, including replies. You may withdraw consent at any time by providing written notice to NFC at 20 Westwoods Dr, Liberty, MO 64068.

SOCIAL MEDIA: NFC offers free access to our Facebook, Instagram, and other social media platforms. The purpose of these are to help provide the community with information about our practice and information on mental health. You are welcome to access and review our NFC business profiles. If you choose to comment, like, or post on our business accounts, that is your choice and represents your consent to be associated with NFC.

Our therapists may participate on various social media platforms in a personal capacity. Therapists do not accept friend requests from current or former clients in order to protect your privacy and confidentiality. If you have an online presence, there is a possibility that you may encounter your therapist by accident. If this occurs, the therapist may cancel the social media relationship to help protect your privacy.

WEBSITE: NFC has a free to access website (www.norconfc.com). It is used for professional reasons to provide the community with information about our practice. You can also use it to access your patient portal.

PATIENT PORTAL: NFC offers a secure account for each client called the Patient Portal. In the Patient Portal, you can make and cancel appointments, pay bills, and send secure messages to your therapist. This is a more secure and private option to electronically communicate with your therapist, if you do not want to communicate via text or email. If you send secure messages that include treatment related issues that constitutes informed consent and authorizes such communication, including replies.

Your signature b	elow indicates th	at you have re	ad the informa	ation in this	document and	agree to	authorize the
transmission of	your protected he	alth informatio	n electronically	/ as describ	oed above		

Signature of Client or Legal Guardian if client is under 18	Printed Name	Date