

CLINICAL NEUROPSYCHOLOGY ASSOCIATES

1528 Walnut Street
Suite 1500
Philadelphia, Pennsylvania 19102

(215) 735-2505

Fax (215) 735-2504

John E. Gordon, PhD ♦+ (1984-2017)
David J. Massari, PhD ♦+ (Retired)
Edward A. Maitz, PhD ♦♦*
Joely P. Esposito, PsyD♦
Alison Metzler, PsyD
Sarah Gulick, PsyD

Licensed Psychologists
Diplomates in Clinical Neuropsychology ♦
Certified School Psychologists +
Certified Cognitive Rehabilitation Therapist *
Certified Biofeedback Therapist ●

Donna M. Salvucci, MEd (267-560-7645)

Client Email Informed Consent Form

1. Risk of using email

The transmission of client email has a number of risks that clients should consider prior to the use of email. These include, but are not limited to, the following risks:

- a. Email can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b. Email senders can easily misaddress an email and send the information to an undesired recipient.
- c. Backup copies of emails may exist even after the sender and/or recipient has deleted his or her copy.
- d. Employers and on-line services have a right to inspect emails sent through their company systems.
- e. Emails can be intercepted, altered, forwarded or used without authorization or detection.
- f. Email can be used as evidence in court.
- g. Email may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.

2. Conditions for the use of email

Therapist/Clinical Neuropsychology Associates cannot guarantee but will use reasonable means to maintain security and confidentiality of email information sent and received. Therapist/Clinical Neuropsychology Associates is not liable for improper disclosure of confidential information that is not caused by therapist's/Clinical Neuropsychology Associate's intentional misconduct.

Clients/Parents/Legal Guardians must acknowledge and consent to the following conditions:

- a. Email is not appropriate for urgent or emergency situations. Provider cannot guarantee that any particular email will be read and responded to within any particular period of time.
- b. Email should be concise. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
- c. All email will be printed and filed into the client's medical record.
- d. Provider will not forward client's/parent's/legal guardian's identifiable emails without the client's/parent's/legal guardian's written consent, except as authorized by law.
- e. Clients/parents/legal guardians should not use email for communication of sensitive medical information.
- f. Provider is not liable for breaches of confidentiality caused by the client or any third party.

g. It is the client's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted.

3. Client Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between my therapist/Clinical Neuropsychology Associates and me, and consent to the conditions and instructions outlined, as well as any other instructions that my therapist/Clinical Neuropsychology Associates may impose to communicate with me by email.

Client name: _____

Client signature: _____ Date: _____

Parent/Legal Guardian name: _____

Parent/Legal Guardian signature: _____ Date: _____

Provider name: _____

Provider signature: _____ Date: _____