

Light The Way Christian Counseling Center

Consent for Treatment/Confidentiality

I, _____ (name of client) voluntarily consent to and authorize treatment by Light The Way Christian Counseling Center's staff as defined in the treatment/service plan in which I am an active participant. I understand that my cooperation and active participation in the treatment are necessary to achieve the goals and objectives of treatment. I understand that I may withdraw my consent at any time.

Confidentiality

You should be aware that, pursuant to HIPAA, your therapist will keep Protected Health Information (PHI) about you in your record. Your medical record includes information about your reason for seeking therapy, your diagnosis, goals that are set for treatment, therapy notes, and billing records etc. This information will be kept confidential as outlined in our Notice of Privacy Practices for Protected Health Information. If you would like a copy of this Notice, please discuss with your therapist.

Electronic Communication Consent

If you and your therapist choose to communicate by email, text message, 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, there is a reasonable chance that a third party may be able to intercept these messages. Some of the potential risks you might encounter include:

- People in your home or other environments who access your phone, computer, or other devices that you use might read your email or text messages
- Loss of cellular phone, computer, or other devices
- Email accounts can be hacked
- Text messages and emails are stored on servers
- Misdelivery of email to incorrectly typed address
- Third parties on the internet such as server administrators who monitor internet traffic might intercept your communication

Please limit the use of electronic communications to issues related to scheduling. If you choose to email or text please be aware your therapist's responses may be brief or they may call you to discuss the matter, responses may also be delayed until business hours.

I authorize communication by (Please check any that apply): ___ Phone ___ Mail ___ Text ___ Email
Phone #: _____ Email Address: _____

Consent

I certify that I have read the above statements, that I understand it, and that any questions I have raised about it were answered to my satisfaction.

Client Signature _____ Date: _____

Witness: _____ Date: _____