



Center for Integrated Well-Being

EMAIL AND TEXTING RISK QUESTIONNAIRE

**Please Answer these questions for yourself before signing the
Phone and Electronic Communications Form**

Regarding Email

1. Technical experts often describe email as being like a postcard, in that it can be viewed by all hands it passes through. Are various engineers, administrators, and actors of malfeasance it passes through the Internet viewing you familiar with the risks of emails?
2. Think about where you read and write emails, and what devices you do that on. Think about who can see you reading and writing emails in these places, and who can access the devices you use to read and write emails. Would there be any negative consequences to any of those people reading or glancing at emails exchanged with me? Are there certain kinds of email contents that you would feel safe letting these people see and other kinds of contents you would not feel safe letting them see? Let me know the answers to these questions if you wish to use email with him or her.
3. Think about which email address(es) you might use with me. Who has access to each address? If you use a work email address, know that your employer may legally view all the emails your send receive with that address. Be aware that engineers and administrators at your email service provider may be able to view your emails.
4. How quickly do you normally receive replies from others via email? Do you expect replies more quickly than my stated response time? Can you see any negative consequences occurring if I do not or cannot reply to an email as quickly as others in your life typically do?

My email is supported by Gmail for business. Emails can be sent to me directly or can be forwarded to me via my website.

Regarding Texting

1. Text messages are often sent using the Internet, even though they are usually a part of one's phone service. Are you familiar with the risks of texts being viewed

by various engineers, administrators, and actors of malfeasance through the Internet?

2. Are you aware that text messages wait on phone company computers until they are retrieved, and may remain there indefinitely? Can you imagine any negative consequences if engineers, administrators, or law enforcement personnel viewed these stored texts from or to me?
3. Think about where you read and write text messages, and what devices you do that on. Think about who can see you reading and writing texts in these places, and who can access the devices you use to read and write texts. Would there be any negative consequences to any of those people reading or glancing at texts exchanged with me? Are there certain kinds of text contents that you would feel safe letting these people see and other kinds of contents you would not feel safe letting them see? Let me know the answers to these questions if you wish to use texting with me.
4. How quickly do you normally receive replies from others via text? Do you expect replies more quickly than my stated response time? Can you see any negative consequences occurring if your therapist does not or cannot reply to a text as quickly as others in your life typically do?

I use a cellular phone, via Verizon, to send and receive text messages.



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PHONE AND ELECTRONIC COMMUNICATION FORM

Please note that if we share electronic communications methods, such as email or texting, there are various technicians and administrators who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than in others. In addition there may be aspects of your particular situation that would influence whether or not you choose to communicate me electronically. I will only communicate with you via non-secure electronic means about scheduling and billing issues, and only if you give me permission to do so. If you wish to write me about issues regarding your therapy via electronic means, we will need to have a conversation prior to such correspondence. **Please take time to read the Email and Texting Risk Questionnaire before deciding which permissions you would like to give me for electronic communication. Doing so enhances the excellence in our work together, and nurtures clear communication, which can support it.**

Although I am not immediately available by telephone, text or email when I am out of the office or in a meeting, I regularly check my messages between the hours of 8:30 a.m. and 8:30 p.m., Monday-Friday, and will do my best to respond within 24 hours, with the exception of weekends, holidays, and when I am out of town. At those times I will respond at my earliest opportunity. My voicemail message and email will usually indicate it when I am away from the office for an extended period of time and cannot check regularly for messages.

By signing the form below, you agree to the following:

1. I authorize **Jeffry Jeanetta-Wark, M.A., LICSW** to leave information at these voicemail/answering machine numbers:

(C) _____ (H) _____ (W) _____

Regarding: Scheduling Billing

2. I authorize **Jeffry Jeanetta-Wark, M.A., LICSW** to leave information with the following person: _____

Regarding: Scheduling Billing

3. I authorize **Jeffry Jeanetta-Wark, MA., LICSW** to communicate with me via non-secure email at this address:

_____ and/or non secure text at this number: (_____) _____

Regarding: _____ Sheduling _____ Billing

4. If I want to write to **Jeffry Jeanetta-Wark** about issues related to my therapy, I will contact him first and learn how I can do so securely.

5. I understand that if I am unable to speak to **Jeffry Jeanetta-Wark** in person or on the phone when I have an emergency, he advises me to contact one of the numbers listed in his **business** line voicemail message, or in his intake literature.

6. I understand that any communication between us regarding my therapy may be placed in my computer-generated and paper file records.

7. I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

Signature: _____

Date: _____

Jeffry Jeanetta-Wark, MA., LICSW, owner of the Center for Integrated Well-Being, Inc. A Minnesota Subchapter S. Corporation.