AUTHORIZATION FOR APPOINTMENT REMINDERS AND OTHER COMMUNICATIONS

WMH staff may contact via email and/or text messaging to remind you of an appointment or obtain feedback on your experience with our healthcare team. By signing this form, you authorize Wilmington Mental Health, PLLC to:

Contact You (Choose One)

_____ (Initials)	WMH staff may leave a message on my primary phone with detailed information.	_____ (Initials)	WMH staff may leave a message on my primary phone with a call back number only.

Send You Automated Notices (Choose One for Each Category)

_____ (Initials)	Both automated calls and text message appointment reminders to my cell phone and any number forwarded or transferred to that number. *WMH does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).*	_____ (Initials)	Only automated text message appointment reminders to my cell phone and any number forwarded or transferred to that number
_____ (Initials)	Only automated call appointment reminders.	_____ (Initials)	Do **NOT** send any appointment reminders.
_____ (Initials)	Emails notifying me of a missed appointment. *WMH is not responsible for the security and confidentiality of email communications once it leaves its control, including what happens to the information both in transit and upon arrival, and who else sees the information.*	_____ (Initials)	Mail written communication with agency name on return envelope.

Communication Policy

E-mail and Texting – We do not recommend sharing confidential health information about you or any of your family members via email or text. If you initiate electronic communication with your therapist, you are consenting to receive a response in like manner. Please consider the following if you choose to do so:

- Email is not a substitute for personal treatment or other mental health care.
- Email and text messages can be both accessed and intercepted by others, putting at risk your privacy.
- Confidentiality cannot be guaranteed as PHI shared electronically can remain stored and potentially be exposed.
- Emails and text messages are not part of your clinical records unless relevant treatment information is shared.
- WMH staff will attempt to reply all messages in a timely manner but cannot guarantee an immediate response.
- It is your responsibility to follow-up with the message recipient and confirm your appointment, if applicable.
- A written consent is needed for all email communications with third parties.
- You can request to stop communicating electronically with your therapist at any time.

Social Media – To protect the development of a patient-therapist relationship built in the confinement of the therapeutic environment, "dual relationships" with your therapist will be avoided. Your therapist will not be able to "friend" you via social media (e.g., Facebook, Twitter, Instagram, etc.) because doing so may compromise your privacy and blur the boundaries of the therapeutic relationship. Feel free to discuss this further with your therapist should you have any questions.

Interactions Outside of Therapy – Your therapist may run into you outside of the therapy room and not acknowledge your current or former relationships with him/her unless you acknowledge him/her first. Likewise, she/he may behave as though he/she does not know you if there is another person with you. This is done to protect your privacy and confidentiality. Any interaction in public is expected to be brief and your therapist will avoid interactions with others in your company.

Teletherapy – Distance therapy is offered using a HIPAA compliant, two-way, real-time interactive audio and video software when face-to-face interaction is not possible. It is important to know that:

1. Online therapy provides convenient access to therapy, continuity of care, and reduction of travel cost.
2. Your therapist may have trouble making visual and olfactory observations of clinical or therapeutic relevant issues during online interactions.
3. Complex issues related to equipment malfunction may be difficult to resolve during the session time.
4. You always retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any benefits to which you would otherwise be entitled.
5. All existing confidentiality protections are equally applicable during a teletherapy session.
6. Your access to information transmitted during distance therapy is guaranteed.
7. Dissemination to researchers or other entities of any identifiable images or information you share online shall not occur.

Execute this _____ **day of** _____ _____ ***X*** _____

Day | Month | Year | Signature of Patient or Authorized Representative