

Harmonia: Madison Center for Psychotherapy, LLP
406 North Pinckney Street
Madison, Wisconsin 53703

**Consent for Telehealth Treatment:
E-therapy, Email and Text Communication**

Signing this Consent for Telehealth Treatment: E-therapy, Email and Text Communication allows Harmonia: Madison Center for Psychotherapy clinicians to schedule and treat efficiently for the benefit of our clients. At the same time, we recognize that some forms of communication, such as email and text messaging, are not a secure means of communication because these messages are not encrypted, can be addressed to the wrong person, or accessed improperly while in storage or during transmission.

If you would like to use E-therapy treatment options and/or allow us to send you email and/or text messages that may contain your health information, please complete and sign this Consent below. Email and/or text message communication is only for the purposes of communication regarding scheduling, canceling or updating regarding your appointments. **If you experience an interruption or disconnection during an E-therapy appointment, client should initiate contact to therapist via the same modality of the appointment (phone or video).**

You are not required to authorize the Consent for Telehealth Treatment: E-therapy, Email and Text Communication and a decision not to sign this authorization will not affect your health care in any way. If you prefer not to authorize the use of email and/or text messaging, we will continue to use U.S. Mail or the telephone to communicate with you.

Signature

Date

Name (please print)

Email address and/or text messaging number to which your provider may send YOU your health information (please print)