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AGREEMENT ON THE USE OF EMAIL FOR PATIENT COMMUNICATIONS

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law. If you have any questions about this policy, please feel free to discuss this with me.

EMAIL COMMUNICATIONS

Email communications are not to be used for emergencies or urgent situations. I use email communication only with your permission and primarily for administrative purposes unless we have made another agreement. That means that **email exchanges with my office should be limited to things like setting and changing appointments, billing matters and other related issues.** If you need to discuss a clinical matter with me, please call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

While I use a HIPAA-compliant email provider, I cannot ensure the security and privacy of email exchanges as multiple aspects of this communication are outside of my control, including but not limited to: the security of your email provider's server, the email service you use, and the networks emails are communicated through (e.g., secured private or public). **You must understand and agree that there is a risk that the confidentiality of email communications could be breached by a third party.** If you choose to communicate electronically with me, YOU MUST AGREE NOT TO USE EMAIL AND TO USE OTHER MEANS OF COMMUNICATION (e.g., telephone or personal visit) FOR:

- Emergencies or other time-sensitive issues;
- Inquiries and communication that deal with sensitive information;
- And to NOT forward email communications from Dr. Sanchez to third parties.

TEXT MESSAGING

Because text messaging is not secure and is an impersonal mode of communication, I DO NOT text message to nor do I respond to text messages from anyone in treatment with me. So, please DO NOT text message me unless we have made other arrangements.

Client, or in case of minor Parent/Guardian (s)

Print _____ Signature _____ Date _____
