

Jina Wright, MS, LMHP
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Electronic Communication Agreement

Please understand that the use of email, cellular phone texting, and other forms of technology place you at a higher risk of confidentiality breach. These methods of communication have not been identified as a best-practice strategy of psychotherapy. Although Jina Wright, LMHP, has taken precautionary measures to make her email secure and HIPAA compliant, please do not share personal information electronically in order to reduce the risk of a confidentiality breach.

The use of email/texting communication with Jina Wright, LMHP will be used for the sole purpose of scheduling/administrative purposes. Any communications via text/email can become part of your legal medical record. The use of email/texting is **NOT** to be used to provide or receive therapeutic treatment. I am often not immediately available by phone or computer. When I am unavailable, my phone is answered via voicemail that I monitor frequently. I make a concerted effort to return calls **within 24 hours** with the exception of holidays and weekends. Therefore, during a life-threatening emergency the client should: contact 911; proceed to the nearest emergency room, and/or contact a crisis hotline at **1-800-SUICIDE**. Email/texting is not a reliable way to receive urgent help from a therapist during an emergency. The use of electronic communication does not change the services provided by Wright Direction Family Counseling.

It is important that the client and therapist have a positive working relationship in therapy. Therefore, if email/texting is needed for scheduling/administrative purposes, both the therapist and client consent to allowing electronic communication for those purposes. If more urgent help is needed, the client consents to utilize the crisis services listed above. Furthermore, if at any time the therapist or client believes electronic communication is interfering with the therapeutic process, either of us can revoke this consent, refuse electronic communication, and insist on an in-person conversation before proceeding.

I certify that I have read, understand and agree to the foregoing. The undersigned is the client or is duly authorized by or on behalf of the client to execute the above and accept its terms.

Signature of Client or Responsible Party

Date