

## **K. Benjamin Knipe, Psy.D.**

Licensed Psychologist 25758

(510) 460-8571

3120 Telegraph Ave, Suite 2A, Berkeley, CA 94705

dr.benjaminknipe@gmail.com • anxietyreliefandreferral.com

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### **Client Email and Text Message Informed Consent**

You may give permission for me (K. Benjamin Knipe, Psy.D.) to communicate with you by email and text message (also known as SMS). This form provides information about the risks of these forms of communication, guidelines for email/text communication, and how I use email/text communication. It also will be used to document your consent for communication with you by email and text message.

1. **How I will use email and text messaging:** I use these methods to communicate only about non-sensitive and non-urgent issues. All communications to or from you may be made a part of your medical record. You have the same right of access to such communications as you do to the remainder of your medical record. I will not disclose your emails or text messages to others unless allowed by state or federal law. Please refer to my Notice of Privacy Practices for information as to permitted uses of your health information and your rights regarding privacy matters.
2. **Risk of using email and text messages:** The use of email and text message has a number of risks that you should consider. These risks include, but are not limited to, the following:
  - a. Emails and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
  - b. Senders can easily misaddress an email or text and send the information to an undesired recipient.
  - c. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
  - d. Employers and on-line services have a right to inspect emails and texts sent through their company systems.
  - e. Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
  - f. Emails and texts can be used as evidence in court.
  - g. Email and text messaging may not be secure, and therefore it is possible that a third party may breach the confidentiality of such communications.
3. **Conditions for the use of email and text messages:** I cannot guarantee but will use reasonable means to maintain security and confidentiality of email/text information sent and received. You must acknowledge and consent to the following conditions:
  - a. **IN A MEDICAL EMERGENCY, DO NOT USE EMAIL, CALL 911.** Do not email or text for urgent problems. If you have an urgent problem during regular business hours, please call me at 510-460-8571. Urgent messages or needs should be relayed to me by using regular telephone communication.

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- b. Emails should not be time-sensitive. While I try to respond to email messages daily, I cannot guarantee that any particular email will be read and responded to within any particular period of time. If you have not heard back from me within three days, please call me to follow up.
  - c. You should speak with me to discuss complex and/or sensitive situations rather than send email or text messages regarding such situations.
  - d. Email and text messages may be filed into your medical record.
  - e. I will not forward your identifiable email/texts to outside parties without your written consent, except as authorized by law.
  - f. You should use your best judgment when considering the use of email or text messages for communication of sensitive medical information. I am not responsible for the content of messages.
  - g. I am not liable for breaches of confidentiality caused by you or any third party.
  - h. It is your responsibility to follow up with me if warranted.
4. **Withdrawal of consent:** You understand that you may revoke this consent at any time. Your revocation must be made in writing, signed by you, and delivered to K. Benjamin Knipe, Psy.D. Your revocation of consent will not affect your ability to obtain future health care nor will it cause the loss of any benefits to which you are otherwise entitled.

**Client Acknowledgement and Agreement**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of email and text messaging as a form of communication between K. Benjamin Knipe, Psy.D. and me. I consent to the conditions and instructions outlined, as well as any other instructions that K. Benjamin Knipe, Psy.D. may impose to communicate with me by email or text message.

My signature below shows that I understand and agree with all of these statements.

\_\_\_\_\_  
Signature of Client (or person acting for Client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Client (if necessary)