

**Ana V. Cofresi, Ph.D., HSPP
Clinical Child Psychologist**

Consent to Use E-Mail and Text Communications

I hereby agree to sending and receiving **unencrypted** e-mail and text communications to and from Ana V. Cofresi, Ph.D. as part of my (or my child's) treatment. This will be limited to communication regarding the setting of appointments and only general and brief discussion of any clinical issues. I understand the risks of sending unencrypted PHI through e-mail and text messages, and with this agreement I am accepting these risks to my (or my child's) PHI. I accept that Ana V. Cofresi, Ph.D. shall not be held responsible for any exposure of e-mail or text communications at my home or place of employment, depending on the the location of my e-mail address or security of my cell phone. I also understand that e-mail and text communications can fail in their transmission, and I agree to contact Dr. Cofresi if I have not obtained a response from my e-mail or text communication within 5 business days. **I also agree to never use e-mail or text communications for emergency situations.** I understand that I can terminate this agreement at any time by informing Dr. Cofresi in writing. With my signature, I consent that the benefits of using e-mail and text communications for me (or my child) as outlined above, outweigh the security risks.

Signature authorizing e-mail and text communications

Date: _____

E-mail address: _____
(please print)

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