

Consent to Communicate via Email with Dr. Tee Stock, OTD, R/L
Consent to Contact Others

Clients who wish to communicate with the clinician via email must give written consent.

Tee uses reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks identified below, she cannot guarantee the security and confidentiality of email communication, and is not liable for accidental or improper disclosure of confidential information not caused by negligence or intentional misuse.

Tee will not forward emails to independent third parties without the client's prior written consent, except as authorized or required by law.

RISKS ASSOCIATED WITH EMAIL

Some, but not all of the risks with email are listed here:

- Email can be immediately broadcast worldwide and received by both intended and unintended recipients;
- Email senders can easily misaddress an email and forward emails to the wrong recipient accidentally;
- Email is easier to falsify than hand-written or signed documents;
- Backup copies of email may exist even after the sender and recipient have deleted their copies;
- Employers and online services have a right to archive and inspect emails transmitted through their systems;
- Email can be intercepted, altered, forwarded, or used without authorization or detection;
- Email can be used to introduce computer system viruses and other malware, and
- Email can be legally discovered and used as evidence in court.

CLIENT OBLIGATIONS WHEN CONSENTING TO EMAIL

- Take precautions to preserve the confidentiality of email;
- Follow-up if you have not received a response within a week;
- Inform Tee of any changes to your email address, and
- If necessary, rescind your consent to email communication by sending hardcopy, written instructions to Tee via postal mail.
- I acknowledge that I have read and understand this consent form. I fully understand the risks associated with communications with Tee Stock by email, to which I hereby consent. As a client, I agree to fulfill my obligations as stated above.

Client/Child's name: _____ DOB: _____

Parent/Guardian's name and Signature _____

Date: _____

Client Email Addresses: _____

In addition circle all that apply below:

I give permission to: email, call and exchange info (or check all _____) with the following people and/or providers:

