

Lux Therapy Center
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Notice for communication via SMS messaging and email

Please be aware of confidentiality and other issues that arise via electronic communication. Initial next to each of the following:

_____ I understand that all e-mail messages are sent over the Internet and are not encrypted, are not secure, and may be read by others. I understand that my e-mail communications with my therapist will NOT be encrypted and, therefore, my therapist can NOT guarantee the confidentiality and security of any information I send to him or that she sends to me via e-mail.

_____ I understand that SMS messages may not be secure . I understand that for this reason my therapist has advised me not to send sensitive information via email or SMS message. This includes information about current or past symptoms, conditions, or treatment, as well as identifying information such as social security numbers or insurance identification information.

_____ I hereby give permission for my therapist to reply to my messages via e-mail, including any information that he deems appropriate, that would otherwise be considered confidential. I agree that Bijal Patel shall not be liable for any breach of confidentiality that may result from this use of e-mail via the Internet.

_____ I understand that my therapist will limit SMS messages to brief inquiries or responses regarding scheduling.

_____ I understand that my therapist may at times e-mail me information about resources that I can use as part of my treatment. I hereby consent to receive such information via e-mail.

_____ I understand that e-mail and SMS communication should not be used for urgent or sensitive matters since technical or other factors may prevent a timely answer. I understand that if I use email or SMS to make or request scheduling changes it is my responsibility to confirm that my therapist has received my communication more than 24 hours before the appointment time being changed. If I believe I need a response within 48 hours, I will not use e-mail but will call my therapist. If I do not receive an answer to a routine e-mail or text message within two working days, I understand that I should call my therapist.

_____ I understand that all e-mail and SMS communications may be made part of my permanent medical record and would be accessible to anyone given access to those records. I also understand that I may withdraw permission for my therapist to communicate with me via e-mail or SMS by notifying my therapist in writing.

Client signature _____

Parent/guardian signature _____
(if minor is under 16 years of age)

Date _____