

**E-mail Communication Terms and Consent
of The Integral Psychology Center, Inc. (IPC)**

1. I am at least 18 years of age.
2. I wish to communicate with my IPC therapist through email for the purpose of convenience in scheduling appointments.
3. I agree that I will not use email with my therapist for any other reason, such as engaging in counseling, seeking advice, or providing medical information unless there is prior written agreement with the therapist.
4. I agree that I will not use email to contact my therapist if I am in crisis or if there is an emergency; rather I will call the office number, call 911, or get to the nearest emergency room if it is a life threatening situation.
5. I agree that in my emails to my IPC therapist I will only disclose information about myself and no one else.
6. I understand that my IPC therapist will only read and respond to my emails during that therapist's normal working hours.
7. I agree to only use the therapist's email address at wibewell.com and not any other email address or social media that the therapist might have.
8. I understand that email communication, including from the therapist I am contacting at IPC, is not as secure as phone communication. As health care providers, the therapist and IPC take responsibility for keeping secure and confidential the personal medical information that you reveal to them as is reasonably possible and as described in relevant law and standards of practice. In most instances, this includes the fact of your seeking and receiving services from the therapist at IPC you are contacting. However, the technology involved in the transmission of email communications makes it possible for third parties to intercept those communications. The therapist and IPC cannot be held responsible for the interception of emails by a third party. I take sole responsibility for the security risks involved in using email with my IPC therapist.

My signature below indicates that I agree with the terms of email use and understand its limits.

Signature _____ Date _____

Print name _____