



MIDWEST CENTER FOR PSYCHOTHERAPY & SEX THERAPY

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MCPST AGREEMENT FOR E-COMMUNICATION

Midwest Center for Psychotherapy and Sex Therapy (MCPST) offers clients the ability to communicate with therapists via electronic mail, patient portal, and telemedicine if both parties agree to the arrangement. If you would like to take advantage of any of these services, please discuss your wishes with your therapist first. Some of our therapists do not communicate with their clients electronically. MCPST will not forward e-communication to independent third parties without your prior written consent, except as authorized or required by law.

APPROPRIATE PURPOSES FOR E-COMMUNICATION:

E-mail or portal messages may be used to ask non-urgent questions, reschedule appointments, or otherwise correspond with your therapist when all other means of communication are not possible. It should not be used in emergencies or to discuss therapeutic matters. If you are experiencing a mental health crisis or need immediate response, please contact your therapist or MCPST by calling 608-237-8000. If it is afterhours press 0 for the emergency on call service. Communications are documented in your clinic record.

SENDING E-COMMUNICATION:

You must include your full name in every e-mail message you send to your therapist. The subject line should include the purpose of the e-mail. For sensitive information please use the secure patient portal to message your therapist. The portal service is provided by InSync EMR and can only be used internally. You or your therapist may choose to stop e-communication at any time.

TELEMEDICINE COMMUNICATION RISK: There are potential risks associated with the use of telemedicine. In rare cases these risks include, but may not be limited to, information transmitted may not be sufficient (e.g. poor resolution of images); Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment; Security protocols could fail, causing a breach of privacy of personal medical information. All clients are expected and responsible for the privacy of their location and devices. The therapist must be notified if privacy is breached and someone has entered the room at which time services will be stopped.

PRIVACY AND SECURITY OF E-MAIL:

Do not use e-mail to send or request sensitive information. MCPST cannot and does not guarantee the privacy or security of any messages being sent over the Internet. Although MCPST has taken steps to ensure the security of confidential information being transmitted over electronic communication networks, there is the potential for e-mail sent over the Internet to be intercepted and read by others. If you have this concern, you should not communicate with your therapist through e-mail. To maintain confidentiality, you will not share any information given to you over email or the email of my provider with anyone. This can include messages, contact information and telehealth meeting information.

EMAIL AND TELEMEDICINE AGREEMENT:

I have been informed of and understand the risks and procedures with using e-mail, portals, and telemedicine communications. You are responsible for informing your therapist or MCPST of email address changes. You can revoke consent by submitting a written request. I agree to the terms listed above and I hereby voluntarily request the use of email, patient portal, or telemedicine as a form of communication with my therapist. I understand that none of these are for emergency communications and I must use 911 for all emergencies. Please complete and sign below:

Email Patient Portal Telehealth

Date: _____

Email: _____

Client / Guardian Signature

Patient Name and DOB

Therapist Signature