



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 (e-mail) and/or Patient Portal if both parties agree to the arrangement.

If you would like to take advantage of this service, 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.

If your therapist agrees to exchange e-mail with you, please observe the following:

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.

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.

AGREEMENT:

I have been informed of and understand the risks and procedures with using e-mail. You are responsible for informing your therapist or MCPST of email addresses changes. Additionally, you can revoke consent by submitting a written request. I agree to the terms listed above and I hereby voluntarily request the use of e-communication in the form of email and or patient portal as a form of communication with my therapist. Please complete and sign below:

☐ Email ☐ Patient Portal ☐ TeleHealth ☐ Text Notifications

* Signing or typing your name here constitutes a signature.

Client / Guardian Signature

Date

e-mail

Print Patient Name

Patient DOB