

Rena Mei-Tal, Psy.D., ABPP
Licensed Psychologist
3001 Highland Ave.
Cincinnati, OH 45219

Informed Consent for the Use of Electronic Messaging

I, _____ understand that Rena Mei-Tal, Psy.D., has proposed the use of electronic messaging, text messaging, computer, mobile device-based email for purpose of enhancing efficiency, supplementing therapeutic sessions, facilitating administrative functions, etc. I understand that electronic messaging does not take the place of in-person examination and meeting and is intended only to supplement the therapist-client relationship.

I recognize that despite standard safeguards for privacy, electronic messaging has specific vulnerabilities to breaches of privacy that are not under the control of Rena Mei-Tal, Psy.D.

I understand that electronic messaging is not the appropriate medium for dealing with an emergency or crisis situation and I am aware of Dr. Mei-Tal's policy for the handling of emergencies.

I agree to utilize electronic messaging only for the following applications: appointment notifications/changes, scheduling, and for information that might supplement therapeutic sessions.

I understand that failure to adhere to the guidelines may result in the rescinding of utilization of this medium of communication.

Client Signature:

Date:

Client email address:

Client mobile number: