



# Heights Anxiety and Depression Center

No matter how hard the past, you can always begin again.

## Email Consent

Heights Anxiety and Depression Center will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks outlined previously, Heights Anxiety and Depression Center cannot guarantee the security and privacy of e-mail communication and will not be liable for improper disclosure of confidential information that is NOT caused by the intentional misconduct of Heights Anxiety and Depression Center, our employees, agents or representative. Thus, the patient must consent to the use of e-mail for the patient information.

This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of e-mail, third-parties may have access to electronic communication. When communicating from your place of employment, some employers consider e-mail corporate property and your messages may be monitored. Additionally, you should be aware that although messages are addressed to your clinician, administrative staff and/or other clinicians may have access to this information.

If you provide an e-mail address to us or initiate e-mail contact with us, doing so constitutes your authorization for us to communicate with you via e-mail to your indicated return e-mail address.

Your signature below indicates your understanding of the potential privacy limitations and the guidelines of communication via e-mail with this clinic and its employees. I understand the risks associated with communication via e-mail, and consent to the conditions herein. Additionally, I agree to the instructions outlined herein, as well as any other instructions a mental health professional may impose to communicate with patients via e-mail.

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Client/Legal Representative  
Signature

Client/Legal Representative Printed  
Name

Date