

Jonina D. Bolton, Ph.D.
Licensed Psychologist

COMMUNICATION AGREEMENT

There are different ways in which you may choose to communicate with Dr. Bolton. You can leave a telephone message on the office phone (voicemail is password protected for privacy) or through Dr. Bolton's website or email address. The following information pertains to how Dr. Bolton may contact you.

By telephone:

I give my permission for Dr. Bolton to contact me via telephone for any reason related to my services, including, but not limited to: (1) appointment scheduling, changes, confirmations or cancellations, (2) responding to inquiries or telephone messages, (3) financial matters related to my services, (4) personal items left in Dr. Bolton's office, or (5) other relevant issues or matters.

Dr. Bolton has my permission to contact me at the following telephone numbers:

Home Phone: _____ Can Dr. Bolton leave a voice message at this number? Y or N

Cell Phone: _____ Can Dr. Bolton leave a voice message at this number? Y or N

Work Phone: _____ Can Dr. Bolton leave a voice message at this number? Y or N

Other (Specify): _____ Can Dr. Bolton leave a voice message at this number? Y or N

By email:

Although Dr. Bolton has taken reasonable measures to secure communications through her website and email, there are inherent security risks in using electronic communications. By choosing to communicate with Dr. Bolton electronically, you are agreeing to accept those risks.

I give my permission for Dr. Bolton to communicate with me via email. Y or N

Email address: _____ (Circle one) Personal Work Other

Email address: _____ (Circle one) Personal Work Other

Email address: _____ (Circle one) Personal Work Other

By text messaging*:

*Dr. Bolton's office telephone is currently a voice over internet protocol (VoIP) system and **cannot accept text messages.**

If a future communication or phone system allows for text messaging, then I give my permission for Dr. Bolton to contact me via text message. Y or N If yes, then Dr. Bolton can send text messages to the following number(s):

Preferred Number: _____ Alternate Number: _____

Patient's Name: _____

Patient's Signature: _____ Date: _____

OR

Signature of Parent, Guardian or Legal Representative: _____ Date: _____

Relationship to Patient: _____

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EXPLANATION OF the VoIP TELEPHONE SYSTEM

What is a VoIP?

My office telephone is currently a **(VoIP) system**. VoIP is an acronym for Voice Over Internet Protocol, or in more common terms, phone service over the Internet. It is a technology that allows you to make voice calls using a broadband Internet connection instead of a regular (or analog) **phone** line. Most providers of phone service have required the switch to VoIP.

Important Information about Your Privacy. Protected health information (PHI) is individually identifiable information. Data are considered "individually identifiable" if the information could be used, either alone or in combination with other information, to identify an individual. These identifiers include, but are not limited to, information such as:

- Name
- Address (all geographic subdivisions smaller than state, including street address, city, county or ZIP code)
- Dates related to an individual (including birth date, admission or discharge date, date of death or exact age if over 89)
- Telephone numbers or fax numbers
- Email address
- Social security number, health plan beneficiary number, medical record number or account number
- Web URLs or IP address
- Biometric identifiers, including finger or voice prints; full-face photographic images and any comparable images

Electronic PHI. Electronic protected health information (e-PHI) is any PHI that is created, transmitted, received or stored on electronic media. Electronic media is defined as either (1) electronic storage material, which includes computer hard drives, or (2) transmission media, which includes the internet. All PHI and e-PHI is subject to federal Health Insurance Portability and Accountability Act (HIPAA) regulation. The HIPAA Security Rule requires covered entities to maintain reasonable and appropriate administrative, technical and physical safeguards for protecting e-PHI.

VoIP systems utilize the internet for transmission of data and store data (voicemails). Due to the nature of our communications, it can be assumed that voicemail messages will include e-PHI (e.g. name, telephone number, etc.) I have implemented policies and procedures to safeguard your PHI, including e-PHI. My business phone service provider is also HIPAA compliant. I have entered into a Business Associate Agreement with the provider of my VoIP services which includes written documentation of its security measures to ensure the privacy of your information.

Additional Important Information

1. If there is a power outage, then there will be no phone service at my office.
2. The VoIP system cannot receive text messages.
3. Although personal information is required for communication in a voicemail message, such as your name and telephone number, please do not provide more than the minimum necessary personal information in your message.
4. Although security measures are in place to protect your privacy, there are inherent risks in communicating via the internet. By leaving a voicemail message on my phone, you are indicating that you understand and are willing to accept the risks.
5. You have the option to choose how you want to communicate with me by completing the Communication Agreement provided by my office. You can change your mind at any time by signing a revised agreement.
6. If you are experiencing an emergency, then please do not leave a voicemail message on my phone. Dial 9-1-1, find safe transportation to your nearest emergency care center, or contact the hospital and ask to speak with the psychiatrist on call.

If you have any questions about my VoIP telephone services, then please inquire at any time. By signing below, you are acknowledging that you have received information explaining the VoIP telephone system.

Patient's Name: _____

Patient's Signature: _____ Date: _____

OR

Signature of Parent, Guardian or Legal Representative: _____ Date: _____

Relationship to Patient: _____

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AUTHORIZATION TO USE UNENCRYPTED EMAIL, TEXT AND E-FAX COMMUNICATIONS

It is very important that you are aware that computer email, text messaging and e-fax communications can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts and e-faxes, in particular, are vulnerable to such unauthorized access, due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. Generally, emails, text messages, and e-faxes are not encrypted in transit over the Internet. It is always a possibility that emails, e-faxes and texts can be sent erroneously to the wrong address and computers. Unencrypted email or text messages provide as much privacy as a postcard. You should not communicate any information to your health care provider that you would not want to be included on a postcard that is sent through the Post Office. Email messages on your computer, your laptop, tablet computer, phone or other devices have inherent privacy risks – especially when your email access is provided through your employer or school or when access to your email messages is not well protected.

Please, note that emails, faxes and texts are all part of your clinical records.

Please notify Dr. Jonina D. Bolton if you decide to avoid or limit, in any way, the use of email, texts, cell phone calls, phone messages or e-faxes. If you communicate confidential or private information via unencrypted email, texts, e-fax or via phone messages, it will be assumed that you have evaluated the risks and made an informed decision. Dr. Bolton will view it as your agreement to take the risk that such communication may be intercepted and your desire to communicate in such a manner on such matters will be honored. Please do not use email, texts, voice mail or faxes for emergencies.

I CONSENT TO USE AND/OR RECEIVE UNENCRYPTED (CHECK ALL THAT THAT APPLY):

- E-MAIL**
- TEXT MESSAGING**
- E-FAX (ELECTRONIC FACSIMILE) COMMUNICATIONS**
- OTHER (SPECIFY) _____**

Patient's Name: _____

Cell Phone Number: _____

Email Address: _____

In case that authentication is needed, please give me a password: _____

Patient's Signature: _____ Date: _____

OR

Signature of Parent, Guardian or Legal Representative: _____

Date: _____