



Patient Electronic Communication Agreement

Temporary Use of Standard Email – OR – Valant Patient Portal Secure Messaging

Amidst the circumstances surrounding the COVID 19 pandemic, The Psychology Center will be making every effort to provide mental health services* when possible via telehealth medium. In order to facilitate this, we are offering *temporary* use of Email or the Secure Messaging feature within the Valant (our electronic medical records software) Patient Portal.**

If you have not registered for the Patient Portal, please speak with your provider or with the administrative staff for assistance.

Client Consent & Use Agreement

By signing below, I agree to the following:

1. I will use Email or Patient Portal Secure Messages **strictly for the purpose of obtaining Zoom*** meeting information to facilitate telehealth sessions.**
2. Email or Secure Messages are not for communication of clinical matters, to request or communicate about appointments in any way, or to seek clinical/therapeutic support.
3. In the event of an emergency, **I will not use Email or Secure Messaging to contact The Psychology Center.** Instead, I will do one of the following:
 - a. Contact The Psychology Center directly **by phone** at (608) 833-9290.
 - b. Call 911.
 - c. Go to the nearest emergency room.
4. I understand that emergency contact with The Psychology Center will be handled:
 - i. During business hours when our reception staff are present:
 1. I will be provided contact with a licensed mental health professional at The Psychology Center as soon as possible.
 - ii. Outside of regular business hours and/or when our reception staff are not present:
 1. By following the auto-attendant prompts or calling our answering service directly at 608-250-3966.

2. I will be provided contact with a licensed mental health professional from The Psychology Center as soon as possible.
5. I understand that clinical and administrative staff will be present, as able, during the COVID-19 Pandemic, but hours of the clinic may vary during this time.
6. I understand that none of these modes of communication are guaranteed given rapidly changing circumstances.

Patient Name (printed)

Date of Birth

Signature

Date

Parent/Guardian Signature (if under 18 years of age).

Date

Witness Signature

Date

*Availability of telehealth therapy or psychiatry sessions may vary based on provider circumstances, technological limitations, and/or insurance coverage of telehealth services.

**Use of Email, Secure Messenger in Valant, or contact by phone for internet-based sessions will be purely at the discretion of the provider.

***Zoom is a product of Zoom Video Communications, Inc., a HIPAA-certified, encrypted secure video meeting platform. For more information, visit www.zoom.us