**Andy Getz, LISW-S, LLC**

**24755 Chagrin Blvd. Suite 305**

**Beachwood OH, 44122**

**Phone (216)462-0204**

**Informed Consent for contact by phone and email**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality of Email and Chat, Cellphone Communication:** Therapeutic email and chat exchanges are delivered via Hushmail. If you choose to email me from your personal email account, please limit the contents to basic issues such as appointment scheduling or changes in your contact information.

Please note that personal or clinical concerns will be answered via Hushmail which will be encrypted, with a question you must answer to open to read the email. **Please be aware that any conversation on cellphones, voice or text, is NOT confidential**.

I ask that you determine a safe and confidential environment for our conversations and emails; consider who has access to your computer, and this includes family, friends, co-workers, and supervisors. Do not use a computer that you cannot ensure is able to be kept confidential. Remember to fully exit from all online communication to maintain as much confidentiality as possible

Signature: Date:

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