

**PHONE AND ELECTRONIC COMMUNICATION**

Tamara L Kaiser PhD LICSW

Please note that if we use electronic communications methods, such as email or texting, there are various technicians and administrators who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than in others. In addition there may be aspects of your particular situation that would influence whether or not you choose to communicate me electronically. I will only communicate with you via non-secure electronic means about scheduling and billing issues, and only if you give me permission to do so. If you wish to write me about issues regarding your therapy via electronic means, you can send me an email through a company called SendInc. Contact me before doing so and I will give you instructions for how to do it. **Please take time to answer the Email and Texting Risk Questionnaire before deciding what permissions you would like to give me for electronic communications.**

Although I am not immediately available by telephone, text or email when I am out of the office or in a meeting, I regularly check my messages between the hours of 8 AM and 5 PM, Monday-Friday and will respond within 24 hours, with the exception of weekends, holidays, and when I am out of town. At those times I will respond at my earliest opportunity. My voicemail message and email will indicate it when I am away from the office for an extended period of time and cannot check regularly for messages.

By signing the form below, we agree to the following:

1. I authorize Tamara Kaiser to leave information at these voicemail/answering machine numbers:  
(C)\_\_\_\_\_ (H)\_\_\_\_\_ (W)\_\_\_\_\_ regarding

- Scheduling
- Billing

2. I authorize Tamara Kaiser to leave information with the following person: \_\_\_\_\_ regarding:

- Scheduling
- Billing

3. I authorize Tamara Kaiser to communicate with me via non-secure email at this address \_\_\_\_\_ and/or non secure text at this number \_\_\_\_\_ regarding:

- Scheduling
- Billing

4. If I want to write to Tamara Kaiser about issues related to my therapy, I will contact her first and learn how I can do so securely.

5. I understand that if I am unable to speak to Tamara Kaiser in person or on the phone when I have an emergency, she advises me to contact one of the numbers listed in her voicemail message or on her business policies form.

6. I understand that any communication between us regarding my therapy will be placed in my record.

7. I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Tamara L. Kaiser PhD LICSW is an employee of  
Tamara L. Kaiser LLC, a Minnesota Limited Liability Company  
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