



# Online Counseling Solutions

*Flexibility. Convenience. Privacy.*

*Hilary Akman  
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## **Communication by Email, Text Message, and Other Non-Secure Means**

It may become useful during the course of treatment to communicate by email, text message (e.g. “SMS”) or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with Hilary Akman, LPC, LMHC, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate with Hilary Akman, LPC, LMHC
- Third parties on the Internet such as server administrators and others who monitor Internet traffic

If there are people in your life that you don’t want accessing these communications, please talk with me about ways to keep your communications safe and confidential. I send all bills for your insurance company via a password protected email.

Please be aware that I will not initiate communication about your treatment via email or text. However, if you initiate questions or comments about your care via these unsecured forms of communication my responses will acknowledge your communication but will not coordinate, advise, or probe further into those issues via text or email. Such discussions are best suited for your sessions. I can clarify questions regarding homework assignments, scheduling, or billing questions. Please note that all emails are printed and become part of your record for further discussion in session, if necessary.

## **CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS**

I consent to allow Hilary Akman, LPC, LMHC to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- Information related to the scheduling of meetings or other appointments

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.

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(Signature of client)

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Date