

Aquiline Counseling LLC
Sandy Tudor, MA, LMHC
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Electronic Communications: Email, Text 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 Sandy Tudor of Aquiline Counseling LLC 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 Sandy Tudor.
- 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 Sandy Tudor about ways to keep your communications safe and confidential.

Sandy Tudor also offers the following, more secure means of communication. While it cannot be guaranteed that it will prevent 100% of confidentiality breaches, it is designed with the intention of supporting the confidentiality of clinical communications:

- Hushmail (e.g. encrypted email) – sandytudor@aquilinecounseling.hush.com

Please be aware that you must talk to Sandy Tudor about answering a secret question in order for this system to be encrypted. It is NOT encrypted until the secret question is set up.

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

Please note this is optional. You are not required to consent to any electronic form of communication.

I consent to allow Sandy Tudor of Aquiline Counseling LLC to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- *Information related to appointments, including receiving an automated reminder of your appointment.*
- *Information related to billing and payment.*
- *Respond to questions I have asked her using email or mobile phone text messaging. At Sandy’s discretion, if the answer requires sharing significant protected health information, she may request a phone call rather than using non-secured email or texts.*

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 of client

Date