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**FAYETTEVILLE**  
**PSYCHOTHERAPY**  
Associates, PLC

### Patient-Psychotherapist E-mail Communication Consent Form – Appointment Scheduling

I hereby allow the office of \_\_\_\_\_ (the Provider) to use electronic mail (e-mail) to communicate with me for the purposes of appointment scheduling. I acknowledge and understand that e-mail communications may contain my personal private medical information including, but not limited to, my name, types and dates of services received, payment, and insurance coverage information.

I understand that, although the Provider and his/her staff may attempt to protect the privacy of the contents of e-mail sent to me and will take reasonable measures to protect my privacy, ***the e-mail messages sent to me are not encrypted and travel over the Internet. As a result, there is a risk that the e-mail will be intercepted and read by unauthorized third parties.*** In allowing the Provider and/or the Provider's staff to send me e-mail I assume this risk.

I also acknowledge and understand the following as it relates to his e-mail communication:

1. E-mail is not appropriate for conveying information regarding emergency medical or psychological matters.
2. If an e-mail has not been answered, I may contact the Provider's office by telephone to schedule an appointment.
3. I will not use e-mail for discussion of sensitive or highly confidential matters, including, but not limited to, mental health issues.
4. The staff of the Provider will have access to my e-mail address and e-mail content.
5. I, and not the Provider or his/her staff, am responsible for the security of e-mail communications sent from or stored on my computer.
6. My decision to allow the Provider and his/her staff to communicate with me by e-mail is voluntary, and that treatment and appointment scheduling is not conditional upon my election to do so.
7. The Provider and his/her staff, or I, may stop e-mail communications at any time for any reason.
8. I agree to notify the Provider's office when my e-mail address changes.
9. I will not hold the Provider or his/her staff responsible for any damages resulting from their use of e-mail or the failure of any of the Provider's information systems to facilitate the e-mail communication.

The Provider and his/her staff may send information to my e-mail address, which is:

Please neatly PRINT e-mail address in box below

Patient Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

**William E. Spaine, Psy.D. • Kathleen Kling, Ph.D. • Karen Scott, LCSW**

*Fayetteville Psychotherapy Associates is not a partnership or joint venture. It is an unincorporated association of practitioners, each of whom is an independent contractor.*

## **E-Mail Appointment Confirmations and Making Appointments via E-Mail**

To make appointment scheduling easier and more convenient for our patients, we are offering appointment scheduling and appointment confirmations via email. In order to access e-mail scheduling, please complete the following steps:

- Complete and sign a Patient E-Mail Release Form
- Check your email box for a test message from [appointments@faypsych.com](mailto:appointments@faypsych.com)
- Reply to the test message to confirm that we have your valid email address on file

Once these steps are completed you may begin booking appointments online and we will begin confirming your booked appointments by email.

### *Things to remember:*

- The appointment email address is monitored Monday through Thursday from 9am – 4:45pm (except on holidays).
- If you have requested an appointment via email and have not received a response within 24 hours, please call as we may not have received your request.
- You may continue to book appointments by telephone and in person.
- E-mail sent to [appointments@faypsych.com](mailto:appointments@faypsych.com) is only to be used for appointment scheduling and is NOT intended to be used to communicate information to your therapist or to send information regarding the content of your therapy sessions.

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