

Conlon Psychological Services, PLLC
Celeste Conlon, Ph.D., Licensed Psychologist, LSSP

50 Sugar Creek Center Blvd, Suite 250
Sugar Land TX 77478

Office: 281-944-5588
Fax 281-265-5127

**AUTHORIZATION TO USE UNENCRYPTED EMAIL OR TEXT MESSAGES
TO COMMUNICATE PROTECTED HEALTH INFORMATION**

Electronic mail, or email, or cell phone text messages are forms of communication that may be used on rare occasion between you and your therapist. Dr. Conlon wants to make sure you know that neither email communications nor text messages between you and your therapist are encrypted and therefore are not secure communications.

If you elect to communicate from your workplace computer, you also should be aware that your employer and its agents may have access to email communications between us. Finally, email communications and text messages may become a part of your (or your child's) confidential psychological record.

Incoming email communications and texts are discouraged except for the exchange of the most basic and brief information, such as requesting available appointment times or location information. Email and texts are neither private nor timely, since Dr. Conlon is usually in session, or may be traveling, and may not see your email until the next day. Texts are occasionally delayed for two or three days and therefore are not reliable. **Cancelling or scheduling appointments is only accepted via phone or in person.**

Dr. Conlon may, at your request, send links to you by email or text for additional information or resources. However, electronic exchange of private information (such as information usually discussed in a therapeutic environment) is strongly discouraged. Such information is best communicated face to face for protection of your privacy, your relationship with your therapist, and your therapeutic progress. If such information must be communicated prior to your next appointment, please do so by calling Dr. Conlon at 281-944-5588.

If you have emailed Dr. Conlon and have not received a response, and are concerned that your message was not received, please call 281-944-5588 during regular business hours. **EMAIL COMMUNICATION SHOULD NEVER BE USED IN THE CASE OF AN EMERGENCY OR FOR URGENT REQUESTS FOR INFORMATION OR HELP.**

This authorization may be revoked at any time and must be done in writing. It is understood that the revocation will not apply to information that has already been released based on this authorization. Dr. Conlon retains the right to discontinue the option of electronic mail or texts at any time.

This authorization is valid while in a treatment relationship with
Dr. Celeste Conlon
Conlon Psychological Services, PLLC

If you agree to the foregoing terms, please indicate your acceptance by completing the information below and signing the form. Your signature indicates that you accept the terms and conditions outlined above.

- ☐ **ACCEPTED** (I prefer to sometimes exchange information by email or text)
☐ **NOT ACCEPTED** (please do not email or text me)

Printed Name of Patient: _____ DOB ____/____/____

Signature of Parent/Guardian or Adult Patient: _____ Date _____

Printed Name of Individual completing form: _____

If accepted, I authorize the occasional use of

☐ email: _____ ☐ cell # for texts: _____

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