



**PHOENIX
THRIVING,
PLLC**

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NOPP Receipt Acknowledgement

I acknowledge that I have received a copy of Phoenix Thriving, PLLC's current Notice of Privacy Practices.

Client/Legal Guardian Signature

Date

Technology Acknowledgement and Consent Form

HIPAA regulations, Texas state law and the Social Work Code of Ethics require that I keep your Protected Health Information (PHI) both private and secure. While I do offer both cell phone and e-mail as available modes of communication between sessions, it is important to understand the risks inherent in each before consenting to which modes you deem acceptable for use in balancing ease of communication with your own privacy protection.

While the use of electronic technology can be a convenient way to handle administrative issues, it is important to note that such use also increases the risk of confidentiality breaches, as e-mail and cell phone communications are not 100% secure. Some of the potential risks you might encounter in choosing to use such technology with me include:

- Unintentional mis-delivery of e-mail to an incorrectly typed address
- E-mail accounts can be "hacked," giving 3rd party access to e-mail content and addresses
- E-mail and texts may be accessed by others who know your password(s) but with whom you may not want to share details regarding your therapy (i.e. partners, parents, children, etc.)
- E-mail and cell phone providers (i.e. Gmail, Yahoo, AT&T, Verizon) keep a copy of each e-mail/text on their servers, where it might be accessible to employees, etc.

For these reasons, you have a choice regarding if and how electronic technology is utilized in the therapeutic relationship. As such, it is important to understand the following:

- E-mail and/or text communication is best reserved for the purpose of simplifying and expediting scheduling/administrative matters only. If you have something more in-depth to discuss with me, the safest way to communicate that with me will be via voicemail, over the phone or in person.
- There are times in some individuals' therapeutic process where it may be helpful to e-mail something more in-depth about your current process. Please know that, if you choose to do so, I will do all within my power to protect your information on my end but can take no responsibility for unauthorized attempts to access, use, or disclose any PHI on your end or during transmission.
- The best way to access me via phone is at (512) 593-2570. While texts are receivable at this number, please limit them to information regarding scheduling and appointment arrival delays.
- The best way to access me via e-mail is at stephanie@phoenixthrivingaustin.com. This e-mail address is through a secure e-mail service provided by E-mail Pros. This means that there is extra protection for your PHI on my end in terms of e-mailbox storage and e-mail transmission. I also have the ability to send more personal PHI-related documents such as receipts coded for insurance via encrypted file.

I have thoroughly read and considered all of the information in this Technology Acknowledgement and Consent Form.

I _____ DO _____ DO NOT consent to the use of e-mail for administrative matters.

If you do consent, please list your e-mail address: _____

I _____ DO _____ DO NOT consent to the use of texting for administrative matters.

If you do consent, please list your mobile number: _____

I understand that this consent may be revoked by me in writing at any point in the future.

Client/Legal Guardian Signature

Date