

# Empowering Systemic Therapy, LLC

## Technology Use Waiver

Empowering Systemic Therapy, LLC has taken precautions by using cyber security software in hopes to decrease risk of confidential information being intercepted. Software used doesn't guarantee full protection of health information.

The preferred means of therapeutic contact is "face-to-face" in an outpatient office setting. However, in the case of unavoidable circumstance I, \_\_\_\_\_, <sup>Client Name</sup> agree to meet over an electronic medium. Electronic mediums include telephone, or video chat.

By signing I understand there is inherent risk of my protected health information being intercepted and I accept this risk. I understand that all forms of electronic communication have inherent risk. Risks include security issues such as intercepted calls or security issues such as hacking. This has the risk of compromised confidentiality.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date