

PATHWAYS OF OHIO COUNSELING SERVICES, LLC

CLIENT PORTAL AND EMAIL PERMISSION

JANUARY 2019

Client Name	Client DOB	Date of Agreement

This document addresses the *optional* use of Pathways of Ohio Counseling Services' Client Portal and the option to participate in Pathways' client email list. You may choose to participate in both, one or neither option.

OUR CLIENT PORTAL

Pathways uses Therapy Notes, an online EMR (Electronic Medical Records) to securely create and store our client medical records.

Therapy Notes offers a Client Portal, an electronic way for you to interact with Pathways' professional and administrative staffs. Through the Client Portal, you can:

- ✓ View upcoming appointments
- ✓ Request a change in appointment time or date
- ✓ Update documents with your therapist and/or the administrative staff:
 - Review, update or sign off on documentation, such as an updated Treatment Plan
 - Update who can and cannot have access to your PHI (Personal Health Information) through our Release of Information
- ✓ Review Pathways' practice policies and procedures, such as your HIPAA rights, your Client Rights or our Social Media Policy
- ✓ Share homework assignments or worksheets you or your therapist may find helpful for you.
- ✓ View your bill

Participation in using the Client Portal is **COMPLETELY VOLUNTARY**. By signing this document, you are giving permission for Pathways of Ohio Counseling Services, LLC administrative and professional staff to create and use a Client Portal account for you.

You can rescind this permission at any time.

Your access to the Client Portal will be removed if your Pathways case is closed by either you, or in unusual circumstances, by Pathways.

I agree to allow Pathways of Ohio Counseling Services create a Client Portal through Therapy Notes using the email address below. I understand I can rescind this permission at any time.

Client Signature	Date of Signature
Email Address:	

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OUR EMAIL LIST

Pathways maintains an email list that we use to communicate practice wide information. Examples are the announcement of office closings due to inclement weather, information about new or existing psychotherapy or psychoeducational groups, changes in our policies or procedures or general information we think you'll find helpful or enjoy.

We may use your email address to contact you either individually or as part of a group email. Group emails are ALWAYS sent "BCC" (Blind Carbon Copy), meaning no one in the email group will see you are part of the group or your email address. Our emails are NOT sent from a secure server.

Allowing Pathways to send you individual and group emails is *COMPLETELY VOLUNTARY*. By signing this document, you are giving permission for Pathways of Ohio Counseling Services, LLC administrative and professional staff to use the address you have given below to send you individual and group emails.

You can rescind this permission at any time.

UNLIKE THE CLIENT PORTAL, we'll keep you email address for sharing information about pathways until you specifically request we remove you from our list.

We will not remove your email from the list unless you specially ask us to or in the unusual circumstance Pathways must close your case due the following reasons, per our "Client's Rights" policy.

You are agreeing to use email in an appropriate way. You will not use the Pathways' email address or group email address(s) to harass, discredit or cast aspersions on anyone or aspect associated with of Pathways – that is our professional staff, our administrative staff, our policies and procedures or any client of Pathways.

I agree to allow Pathways of Ohio Counseling Services use the email address below to contact me individually or in a group email. I understand I can rescind this permission at any time.

Client Signature	Date of Signature
Email Address:	