

**Aquiline Counseling PLLC**  
**Sandy Tudor, MA, LMHC**  
11023 36<sup>th</sup> Ave SW  
West Seattle, WA 98146  
206-914-0426  
[sandytudor@aquilinecounseling.hush.com](mailto:sandytudor@aquilinecounseling.hush.com)  
[www.sandytudor.com](http://www.sandytudor.com)



### **Electronic Communications: Email, Text and Other Non-Secure Means**

It may become useful during the course of treatment to communicate by email, text message, (e.g. “SMS”) or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages.
- Your employer, if you use your work email to communicate with me.
- Third parties on the Internet such as server administrators and others who monitor Internet traffic.

If you have questions about ways to keep your personal information safe and secure, please talk to me about it.

I offer the following, more secure means of email communication and highly recommend going forward that you use it. While it cannot be guaranteed that it will prevent 100% of confidentiality breaches, it is designed with the intention of supporting the confidentiality of clinical communications:

- The messaging system through the client portal of [TherapyAppointment.com](http://TherapyAppointment.com)
- Hushmail: Encrypted, HIPAA secure emails and secure web forms ([www.hushmail.com](http://www.hushmail.com))  
The email address to use is: [sandytudor@aquilinecounseling.hush.com](mailto:sandytudor@aquilinecounseling.hush.com)

I will send most communications and messages through the TherapyAppointment.com portal. You will receive an email notification that you have a message waiting. To a lesser extent I will use the Hushmail account. Please be security minded and make your passwords unusual and specific to these platforms.

Currently I am researching HIPAA secure texting apps but have not found one that is suitable. Texting is always optional; never required. Please note, that at this time, texting with me is not a secure way to communicate. It is highly recommended, that if you chose to text me, you will only text simple communications such as cancellations, appointment changes, and things of that nature.

You may occasionally decide to use my Google Workspace email: [Sandyetudor@aquilinecounseling.com](mailto:Sandyetudor@aquilinecounseling.com). Although this account provides me with a Business Associate Agreement (BAA) to keep your information private on my end and on Google's, it does not guarantee encryption or privacy *between* your computer and mine. Please keep this in mind if you chose to use it. It is highly recommended, that if you chose to use this email address or texting, that you use it only for simple communications such as cancellations, appointment changes, and things of that nature.

Please note you are not required to consent to any electronic form of communication.

With all this being said, texting continues to be the fastest way to communicate. Signing this form means you understand the above information about email and texting security and agree at this time, until I find a better texting option, to text for the following reasons only:

- *Information related to appointments*
- *Receiving an automated reminder of your appointment.*
- *Information related to billing and payment.*
- *Responding to questions I receive from you. At my discretion, if the answer requires sharing significant protected health information, I may request a phone call or use the Therapy Appointment.com messaging system or the above listed Hushmail email address rather than using non-secured email or texts.*

***Please note that all or most textual messages you exchange with me, e.g. emails and text messages, will become a part of your health record.***

*I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.*

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Signature of client

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Date