

**JENNIFER S. BAILEY, MA, LMFT**  
LICENSED MARRIAGE AND FAMILY THERAPIST, MFC 52363  
(818) 394-0890

10646 ZELZAH AVENUE  
SUITE 207  
GRANADA HILLS, CA 91344

## **ACKNOWLEDGEMENT & CONSENT TO USE ELECTRONIC COMMUNICATION**

Email/texting communication with Jennifer S Bailey, MA, LMFT will be used for the purpose of simplifying and expediting scheduling/administrative matters and to provide client therapeutic materials **only**. While it may indeed be convenient, I have no way of knowing if a text from me might be read by someone *other than you*. If you are a new client engaging in telehealth-only services, email will be the only way we can send/receive start-up paperwork before treatment can begin. Of course, if you're being seen at the office face-to-face, you may download, print, fill out by hand, & return to me in person at the office. **But until face-to-face sessions recommence, this is the best process we have.**

If you have been instructed to download forms from the website to fill out and send back, you can use the following secure, encrypted MailHippo portal to email my office: <https://sendsafe.to/jenbaileymft@gmail.com>. While great care has been made to establish a HIPAA-compliant, secure, encrypted service to safeguard your confidentiality as much as possible, please know that ANY online service, no matter how "secure" can sometimes fail, & while best-practices & all efforts are being made, by signing this form you acknowledge that there is some risk, however slight.

### **Instructions for downloading, filling out & returning forms via email during contactless telehealth.**

1. All forms can be found on my website here, <https://www.jenbaileymft.com/forms>.
2. Click on the green button "Click for PDF" under the file you wish to download. Save the form to your desktop.
3. Go to <https://www.pdfescape.com/open>. This is a FREE service for filling out PDF forms. If you have one you like better that works, you may use that, but the following is given for those that don't, or aren't familiar with the process.
4. Click on "Upload PDF to PDFescape" in the center box.
5. Drag the saved form from your desktop to the center of the outlined box on the webpage. This will open the form on their site. **Note:** You needn't register as a user, but if the form isn't completed in a timely manner, your work will not be saved. In other words, you can't start, leave & then return to finish later. This might only be a possible issue with the 7-page "Client Information" form. All others are mostly standard signature pages that can be completed quickly.
6. Once the form is opened in the PDFescape website, click the "Text" box in the upper left corner. Clicking "more" will give you a checkmark option (good for the Client Information form). "Freehand" will enable you to leave a rudimentary signature.
7. Once the form is done, click the double white down arrows in the small green box that appears at the far-left side in the vertical toolbar to save & download your now filled-out PDF.
8. From there, please attach the filled-out form in an email via the encrypted portal at MailHippo: <https://sendsafe.to/jenbaileymft@gmail.com>. Hit send & you're done!

PLEASE NOTE: Email/texting communication is NOT to be used to provide/receive treatment services or to take the place of therapy sessions.

Email/texting should NOT be used to communicate: Suicidal/homicidal thoughts or plans; urgent or emergency issues; rapidly worsening symptoms.

If more urgent help is needed, you are directed to:

- Call 911
- Proceed to the nearest hospital emergency room
- And/or call a crisis hotline such as 1-800-SUICIDE or 1-800-854-7771

By signing, I consent to the use of email & cell phone texting as needed for scheduling and administrative purposes only, within the guidelines above. If I have questions or need more clarification, I know that I can discuss these matters with my therapist at any time. I also understand that I have my own responsibilities in maintaining my own confidentiality as much as possible, too.

**I HAVE READ AND UNDERSTAND THIS FORM AND AGREE TO ALL TERMS AND CONDITIONS.**

CLIENT'S NAME (PLEASE PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I have reviewed these policies with my client(s).

\_\_\_\_\_  
THERAPIST SIGNATURE

\_\_\_\_\_  
DATE