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ELECTRONIC CORRESPONDENCE

Patient: _____

Parent/Guardian Name(s): _____

E-Mail Address: _____

Permission to communicate via e-mail: Yes No

Permission to email clinical documentation containing confidential personal patient information as an attachment to an email in PDF format: Yes No

Dr. McCaskill will **NOT** be able to respond to clinical issues via email. Due to the nature of patient confidentiality, issues are best addressed during session, in person. However, at times, it may be more convenient to schedule appointments with the office manager via email at: drsmccaskill@gmail.com. If it is an urgent matter regarding a change in schedule, please also leave a message on our voicemail at (734) 416-9098 ext. 1.

CONFIDENTIALITY NOTICE

Electronic messages are confidential, intended only for the named recipient(s) and may contain information that is privileged, or exempt from disclosure under applicable law.

If you choose to respond to electronic email, you cannot assume anything that you communicate electronically is confidential or will not be read unwittingly, mistakenly or purposefully by another party. Although reasonable measures are taken to protect electronic communication, there are no guarantees that your communication will be private. If you are concerned that another party may ultimately read what you have written, don't write it or send it via e-mail.

Signature of Patient or Parent/Guardian

Date

Relationship of Personal Representative to the Patient: _____