

## Matthew Fleming, PCC-S

1200 W 5<sup>th</sup> Avenue, Suite 102B, Columbus, OH 43212

☎ 614-264-5851 📠 614 706-6066

February 11, 2015

### **Consent for release of information for Gottman Relationship Checkup Survey**

I understand that these questionnaires have been designed to obtain a general assessment and profile of a couple's relationship rather than to provide a global satisfaction or happiness score. I recognize that this assessment will not predict whether a couple will stay together or divorce but instead, The Relationship Checkup Assessment can be used to determine areas that are strengths or challenges for a couple and provide useful suggestions for treatment.

HIPAA Statement: I understand that at the beginning of therapy, U.S. Federal HIPAA law requires that an independently practicing clinician present each client with a notice of privacy policies. I have been informed that it is the responsibility of each clinician using this site for assessment purposes to provide such a document to their clients as well as to obtain consent for use of unencrypted email as a source of communication. Because the link to this assessment tool is sent to the client using an email address, this consent should be obtained prior to the link to the checkup assessment being provided. The Gottman relationship Checkup Website has been developed to be compliant with HIPAA regulations. The site uses 256 bit SSL encryption to secure the connection. No personally identifiable health information is transmitted via email. The software that the site runs on is actively monitored and kept up to date with prompt application of the latest security patches stored in a cloud. Clinicians are responsible for obtaining client consent from individuals authorizing the use of the client's personal email as a source of communication.

I have read the HIPAA privacy statement above and the one provided by Matthew Fleming. I give permission to Matthew Fleming to release my email address \_\_\_\_\_ to the Gottman Institute for the purposes of participating in the Gottman Relationship Checkup Survey. I acknowledge my responsibility for fees from the Gottman Institute.

Consent is giving by:

\_\_\_\_\_ (print name)

\_\_\_\_\_ (sign name)

\_\_\_\_\_ (witness)