

Consent for Electronic Communication

Unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by, unauthorized third parties. However, you may consent to receive email from us regarding your treatment. We will use the minimum necessary amount of protected health information in any communication.

Your signature on this document indicates your consent and acceptance of the risk in receiving information via email, text or other electronic message. You also understand that you can withdraw your consent in writing at any time.

Name of client: _____ Client ID #: _____

Date: _____

Signature of client (if over the age of 18): _____

Signature of guardian (if under that age of 18): _____