

**CONSENT FOR  
ELECTRONIC COMMUNICATIONS**



\_\_\_\_\_  
**(Counselor Name)**

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It is very important that you are aware that computer, email, text, fax, or phone communication can be relatively easily accessed by unauthorized people and can hence compromise the privacy and confidentiality of such communication. If you choose to allow confidential communication via email, fax, or phone, you should have a thorough understanding and knowledge of the security and privacy vulnerabilities of the system on which you access it.

I may use email, text or voicemail to communicate about our appointments. I may also forward additional information or links to websites that may be used for treatment in addition to therapy sessions. It is always a *possibility* that email, e-faxes, texts and voicemail can be sent to the wrong address, phone and computers. E-mail messages on your computer, laptop, iPad, tablet, phone or other electronic devices have inherent privacy risks— especially when your email is provided through your employer. Please note that e-mails and texts are all part of your clinical record.

If you communicate confidential or private information via unencrypted e-mail, fax, text or phone messages, it will be assumed that you have evaluated the risks and made an informed decision and \_\_\_\_\_ will understand this as your agreement to take the risk that such communication may be intercepted, and your desire to communicate on such matters will be honored.

By providing my email address and cell number below, I am hereby offering consent for my therapist to use email, fax, text and phone messages to communicate with me between sessions. I have read this document and I understand and hereby accept the privacy risks associated with the use of e-mail, fax or phone.

E-mail address \_\_\_\_\_

Cell phone number \_\_\_\_\_

Client's Printed Name \_\_\_\_\_

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_