

Authorization to Utilize Unencrypted Email to Communicate

Client's Name: _____

Client's Date of Birth: _____

Thank you for your request to communicate with me via email. I want to make sure you know that email communications between us are not encrypted and therefore may not be secure communications. Incoming email communications will be reviewed and responded to as soon as possible. If you have not heard from me with a response and are concerned, I may not have received the message, please call me during regular business hours.

Email communication should never be used in the case of an emergency or for urgent requests for information.

If you agree to the foregoing terms, please indicate that by signing this form that you accept (or decline) the terms and conditions outlined herein.

ACCEPT or **DECLINE** EMAIL COMMUNICATION

(Check one of the boxes above)

Printed Name (Parent or Guardian – if client under 18)

Signature

E-mail Address

Date

Printed Name (Parent or Guardian – if client under 18)

Signature

E-mail Address

Date