

Consent to Electronic Communication

In this age of electronic modes of communication, many of us find ourselves in communication with clients by email, text, and cell phone. Sometimes internet-based video sessions are used as well. These modalities, however, may not provide a secure means of communication. **There is some risk that any protected health information contained in email (whether encrypted or not) and other forms of electronic communication may be disclosed to, or intercepted by, unauthorized third parties.**

It is helpful to discuss the possible use of electronic communication with the professional with whom you are working. You can elect below whether or not to consent to allow electronic communication with Wake Kendall Group, PLLC.

I **DO** consent to allow electronic communication and I understand and am willing to accept the risks involved with electronic communication (including but not limited to: email, texting, cell phone use, internet-based video sessions) of my protected health information.

I **DO NOT** consent to allow electronic communication between Wake Kendall Group, PLLC and myself. I understand that this may limit the contact I have with my therapist and others at Wake Kendall Group, PLLC including the billing department.

Client Parent **Signature:** _____ **Date:** _____

Client Parent Name (**print name**): _____

Client Parent **Email** Address: _____

Client Parent **Cell Phone** Number: _____