



Authorization Regarding Accepted Forms of Communication

There are many types of communication now available between a client and therapist. However, the large majority are not fool-proof in terms of confidentiality. While every effort is made to minimize risk, there are some mediums that remain unsecure. Therefore, the following is a list of options for your consideration. Please initial in the blanks provided if you are willing to receive this kind of correspondence:

_____ Skype

_____ Email

_____ Emails that include billing receipt attachments. These include your name, address, date of birth, diagnostic code, and dates of service since many people choose to submit the form to their insurance.

_____ Text

_____ Cell phone (Side By Side Counseling's primary form of contact)

I understand that this will not impact the condition of treatment whether or not I sign this form. I may change my mind and revoke this Authorization at any time, however, this will apply only to future uses and does not apply to any correspondence that has occurred prior to receiving my written revocation. This authorization expires three years from today's date. A photocopy or facsimile of this release is as effective as the original. I hereby release Side By Side Counseling, LLC from any liability which may result from utilizing this means of communication.

Client Signature: _____

Date _____