

A Center 4 Change

Counseling and Psychotherapy



Request for Electronic Communications

Client Name: _____

DOB: _____

Date of Request: _____

I, _____ (print guardian and/or client name), request that the following communications from A Center 4 Change staff members be delivered to me by the identified electronic means. I understand that this form of communication may not be secure, creating a risk of improper disclosure to unauthorized individuals despite every effort by A Center 4 Change staff members to protect it. I am willing to accept that risk, and will not hold A Center 4 Change responsible or retaliate in any way should such an incident occur. I also understand that I am free to change this decision at any time and will notify A Center 4 Change staff members immediately if I do.

Communications:

_____ Appointment Reminders _____ Request for Phone Contact or Visit

_____ Other (list) _____

_____ Other (list) _____

**Under no circumstances will Protected Health Information be shared via text. This would include specific behaviors and progress updates, diagnoses, identifying information, insurance information, ect.

Method:

_____ Email Address: _____

_____ Text Preferred Number: _____

_____ Other List Contact Method: _____

Client Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Client Name:
Date of Birth: