

**Sarah Gregory, MA, Professional Counselor**  
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Consent for Correspondence Using Electronic Communication

**Communication via Email:**

- I understand that email is not confidential because it is transmitted without security over the internet. \_\_\_\_\_
- I understand that any kind of information sent over email can become part of my mental health record. \_\_\_\_\_

**Regarding Text Messaging:**

- I understand that text messaging is not confidential because it is transmitted without encrypted security. \_\_\_\_\_
- I understand that anything I send via text message can become a part of my mental health record. \_\_\_\_\_

**Emergency Situations:**

- Any messages sent via technology will be answered within 24 hours. Neither email nor text will be used in case of emergency. If there is an emergency I will go directly to the ER or call 911, and then call my therapist. \_\_\_\_\_

I hereby give my permission for information transmission and correspondence between myself and Sarah Gregory using electronic means of communication. I understand the ramifications of this mode of correspondence, acknowledging the limitations and risks involved which do not insure complete protected exchange of private and/or sensitive information. My signature hereby releases Sarah Gregory from liability due to unforeseen errors in electronic transmission that do not provide total privacy and security of information.

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Name of Client

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Signature of Client

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Email Address

This authorization is valid for the tenure of psychological treatment, unless revoked earlier in writing.