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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.

Name of Client

Signature of Client

Email Address

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