



## CONSENT TO CORRESPOND ELECTRONICALLY

While the clinicians at Standard of Care Psychological Services, LLC take reasonable precautions to protect your confidential information, I understand that e-mail and other sources of electronic communications are not completely secure methods of communication.

I understand that in most circumstances, electronic communication is not a way of communicating new information regarding care or of communicating emergency needs. I further understand that I must speak to my clinician directly regarding all important information pertaining to my (or my child's) treatment. Although my clinician will attempt to reply in a timely fashion, I further understand that if I (or my child) am experiencing an emergency situation and need to contact someone immediately to help me, then I will call any of the emergency numbers that are listed on the consent for treatment form.

I grant my clinician and/or staff of Standard of Care Psychological Services, LLC permission to communicate with me via e-mail.

I acknowledge that if I use e-mail to initiate contact with my clinician regarding my care (or my child's care), the clinician, and/or staff of Standard of Care Psychological Services, LLC has my permission to correspond via email address or other forms of electronic communications.

### **For Adult Clients:**

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Minor Clients:**

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_