



ELECTRONIC COMMUNICATION AUTHORIZATION

Authorization to Communicate with Encrypted and Unencrypted Email and Text Messages

CLIENT NAME: _____ ACCT #: _____

Protected Health Information and Electronic or Text Communications

Thank you for your request to communicate with The Atlanta Counseling Group LLC via email and/or text messages. Please understand that email and text message communications between you and The Atlanta Counseling Group LLC are not always encrypted and therefore are not a secure form of communication.

If you elect to communicate with The Atlanta Counseling Group LLC from your personal or workplace computer or personal or workplace cellular telephone, be aware that others may have access to these communications.

Also, email and text message communications may become a part of your client record.

Incoming emails and text messages communications **should be limited to basic scheduling issues**. We will make every effort to respond within 24 hours, excluding weekends, however this will depend upon the nature and time sensitivity of the communication. If The Atlanta Counseling Group LLC or the particular party with who you communicated does not respond within the specified time period, please contact us at via telephone.

Neither email nor text messages should be used in the case of an emergency, for urgent information requests, or to communicate sensitive information.

Your signature below confirms that you accept and agree with the terms and conditions outlined above.

ACCEPTED (please check box)

Signature

Printed Name

E-mail Address

Date

DECLINED (please check box)

Signature

Printed Name

Date