

WAVE Professional Clinical Counselors Inc.

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Permission to Text and Email

In order to communicate with you by email or text message, I need to make sure you are aware of the confidentiality and other issues that arise when we communicate this way and to document that you are aware of and agree to them. I understand that all e-mail messages and SMS messages are not encrypted, are not secure, and may be read by others. I understand that for this reason my therapist has advised me not to send sensitive information via e-mail or SMS message. This includes information about current or past symptoms, conditions, or treatment, as well as identifying information such as social security numbers or insurance identification information. I hereby give permission for my therapist to reply to my messages via e-mail and text, including any information that he/she deems appropriate, that would otherwise be considered confidential. I agree that my therapist shall not be liable for any breach of confidentiality that may result from this use of e-mail via the Internet or text messaging. I understand that my therapist may at times e-mail me information about resources that I can use as part of my treatment and use text messaging for the purpose of scheduling and checking in. I hereby consent to receive such information via e-mail and text messaging. I understand that e-mail and SMS communication should not be used for urgent or sensitive matters since technical or other factors may prevent a timely answer. If I do not receive an answer to a routine e-mail or text message within two working days, I understand that I should call my therapist. I understand that all e-mail and SMS communications may be made part of my permanent medical record and would be accessible anyone given access to those records. I also understand that I may withdraw permission for my therapist to communicate with me via e-mail or SMS by notifying my therapist in writing.

I give permission for my therapist to text and email me

- Yes to Text
- No to Text
- Yes to Email
- No to Email

Signature of client (or person acting for client)

Date

Printed Name

Date of Birth