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LICENSED PSYCHOLOGIST # PSY 21199
EMAIL AUTHORIZATION FORM

Client's Name _____

Thank you for your request to communicate with me via email. I wanted to make sure that you know that the email communication between us is not encrypted and therefore is not secure. When possible, I will make every effort to avoid using identifying information (such as names) in my email communications with you. However in some cases (such as when invoices are sent via email) Protected Health Information may become part of the email communication.

Although I will make an effort to review and respond to your email communication as soon as possible, if you have not received a response to your email within 24 hours or are concerned that I may have not received your email, please follow up by phone. Email communication should NOT be used in a case of an emergency or for urgent requests.

I have read and understood the preceding information and accept the terms and conditions outlined herein.

Client's Name _____

Signature _____

Date _____

Email Address _____