

Consent to Allow Electronic Communication

I hereby request Jamelyn Keatts to communicate with me via electronic means, concerning **appointment scheduling**_____ (Initial here).

I hereby request Jamelyn Keatts to communicate with me via electronic means, concerning **billing**_____ (Initial here).

I acknowledge that Jamelyn Keatts electronic communications with me may reveal my protected health information by identifying me as a client, and that the confidentiality of information transmitted via email cannot be guaranteed. I authorize such communications.

I understand that electronic messages are sent through public networks via a number of server computers prior to reaching their destinations. I understand it is possible that someone could capture an electronic message and use the data contained therein for his or her own purposes. To protect your confidentiality, Jamelyn Keatts will not communicate about clinical matters by email.

This consent will continue for the duration of my participation in therapy with Jamelyn Keatts, unless I revoke the consent in writing. I understand that I cannot revoke consent for communications already sent.

I authorize Jamelyn Keatts to use the following email address(es) to communicate with me about appointment scheduling and billing : _____

Client Signature: _____ Date _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____