



Electronic Correspondence:

I understand that at times it may be easier to leave voice mail messages or text messages. I agree and approve the therapist to correspond through text messages or by leaving a voice mail. I further understand that this therapist will either call and leave a message or text for appointment reminders. I will not hold this therapist responsible if another individual hears the message or reads the text message.

I am signing as the responsible party to this client, whether it is myself or my minor child. Therefore, correspondence may be with my child if she/he is over the age of 13.

Print Client: _____ Date: _____

Sign Responsible Party: _____ Date: _____

Witness: _____ Date: _____