Irons Counseling & Supervision

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# E-MAIL/TEXT

#  AUTHORIZATION

 E-mail or texting is intended to facilitate both of us in managing your health care needs. When using email or text communication it is important to acknowledge that our office cannot guarantee the security of any information sent or received. The use of email or text in my practice is to communicate information for appointments, billing, or general information. Please note that I do not conduct therapy via email. E-mail or text is not intended to be used to communicate information that is considered URGENT or EMERGENT. If the concerns you have are of this nature please call 911 or go to the nearest emergency room.

By signing this authorization you acknowledge the following:

I understand and acknowledge that communications over the Internet or using general, non-secure e-mail systems or texting are not encrypted and are inherently insecure. I understand that there is no assurance of confidentiality of information when communicating this way.

I have read the above and agree to all terms and conditions. I acknowledge that I may withdraw my consent to use this service at any time.

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Client Signature

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Parent/Guardian