

Communication Agreement

While you may choose to communicate with me via email or text, please be advised that all electronic communications come with the risk of potential loss of confidentiality.

When you initiate communication with me via any method, I will assume it is acceptable to you that I respond using that same method, unless you tell me otherwise in the communication.

For communications which I initiate, please indicate which method(s) you would like me to use.

Check all methods that are acceptable to you.

For scheduling issues: Text Email Voice Call

For more personal communications*: Text Email Voice Call None please

** There may be times when I would like to send along words of encouragement, or check with you between sessions to see how you are doing.*

Please provide your preferred contact information for all methods you checked above:

Texts: _____

Emails: _____

Voice Calls: _____

Please sign to indicate your agreement:

Client Printed Name

Client Signature

Date

Therapist Signature

Date