

Electronic Communication Consent Form

I acknowledge that commonly used e-mail and texting services are not secure.

I have been given the opportunity to discuss electronic communication with Vivien Morrison LMHC, and have had all my questions answered.

In consideration of my desire to use electronic communication as supplement to in-person office visits with my provider, I hereby consent to electronic communication via non-secure e-mail and text services.

I understand that I may revoke my consent to communicate electronically at any time by notifying Vivien Morrison, LMHC in writing, but if I do, the revocation will not have any effect on actions my healthcare provider has already taken in reliance on my consent.

I agree to release my provider and the practice from any and all liability that may occur due to electronic communication over a non-secure network.

I further agree to be held accountable for the patient responsibilities as outlined.

I have read and understood the above description of the risks and responsibilities associated with electronic communication with Vivien Morrison, LMHC

Signature _____

Date _____