

Consent to Unsecure Electronic Communication Form

Client Name's _____ DOB: _____

I, _____ (the client if not 18 years older parent/legal guardian), understand there is a reasonable chance that communicating through electronic methods may be intercepted and eavesdropped on by a third party, including, but not limited to, family, co-worker, employers, and hackers.

Transformation Behavioral Health, LLC offers electronic communication through the following methods:

- Phone
- Mail
- E-mail
- Text

Although these methods do not guarantee me against a breach, they are to support my confidentiality.

I consent to allow Transformation Behavioral Health, LLC to communicate with me using the following unsecured methods. Please initial and **select one** method of preferred contact.

_____ E-mail: Address: _____

OR

_____ Text: Cell Number: _____

I understand I should **reply** to reminder text or email for confirmation of scheduled appointment.

Also, I understand this is a courtesy reminder and in the event, one is not received **does not** void **cancellation policy of 48-hour notification** if an appointment will not be kept on scheduled date. Cancellations should be called in: if no answers please leave a message and someone will return your call to reschedule. A late cancellation fee will be charged for late cancellations. However; if not confirmation response is received by 9:00 am on the date of appointment slot may be filled if possible, but if not able to fill appointment slot/time a cancellation fee will be charged. Thanks

Client Signature (must be 18 yrs. of age)
Or Parent, legal guardian

Date