



## Consent for Electronic Communication

*\*You may refuse to sign this acknowledgement*

Occasionally it is helpful to communicate general information about the services my child receives at Advance Therapy through email. As I read in Advance Therapy's Notice of Privacy Practices, it is important to keep some guidelines in place when communicating through email.

I, (name) \_\_\_\_\_, parent/guardian of

(child's name) \_\_\_\_\_, am providing the following email address and will let Advance Therapy know of any changes to this address.

EMAIL ADDRESS: \_\_\_\_\_

- I will keep this email account secure. \_\_\_\_\_ (initials)
- I will not send identifying information (i.e. client names, etc) to staff at Advance Therapy in my communications.  
*When emailing I will keep the subject line general and will not use full names.* \_\_\_\_\_ (initials)
- I will not attach reports (i.e. IEPs, etc) with identifying information when emailing to staff at Advance Therapy.  
*I know Advance Therapy is unable to email any clinic reports.* \_\_\_\_\_ (initials)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_