

## ***ELECTRONIC CORRESPONDENCE AGREEMENT***

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Electronic correspondence with your therapist is available for the sole purpose of scheduling or modifying appointments. Your therapist will provide you with their preferred method of communication. If you send your therapist an email or text regarding an appointment and do not hear back within 48 hours, please call and leave a voicemail on their office extension at 425-640-7919. Please be aware that email or text correspondence cannot be guaranteed to be a secure or confidential form of communication.

If you need to communicate information to your therapist outside of session that is not related to scheduling, please leave a voicemail at their extension at 425-640-7919.

I understand the above conditions and consent to communicate with my therapist via **email/text** correspondence for scheduling purposes only.

Therapist contact information: \_\_\_\_\_

\_\_\_\_\_  
Client or Parent/Guardian Signature

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

\_\_\_\_\_  
Client Printed Name