

**COUNSELING BY KATE, PLLC**  
KATE KNAPP LENGYEL, J.D., M.S., LPC, MEDIATOR  
LICENSED PROFESSIONAL COUNSELOR

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**Medical Information Release & Communications Authorization Form**

Counseling by Kate, LLC (CBK) recognizes that patients have a right to privacy. Consequently our counselors and staff will not disclose personal healthcare information unless the client or his or her authorized representative has properly authorized the release of information.

\_\_\_\_\_ **YES I understand and agree to allow all medical and treatment information to be shared with my spouse / partner whenever I'm not available unless I request otherwise.**

\_\_\_\_\_ **NO I do not authorize any information whatsoever regarding my personal medical treatment and /or any results to my partner.**

I understand that my treatment records for couples counseling will be kept jointly and cannot be released without permission from both Clients.

**Patient Initial:** \_\_\_\_\_

**CONTACT VIA VOICEMAIL / EMAIL/TEXT MESSAGE AUTHORIZATION:**

During the course of your treatment, we will need to contact you periodically with appointment date/times. You may need to contact CBK for problem solving, support, and other pertinent information when the office is closed. CBK uses text messaging and email as an important resource of treatment. However, by consenting to the use of e-mail and/or text messaging with CBK, you agree that:

a) Although CBK will try to read and respond promptly to your e-mails and text messages, CBK staff may not read your e-mail immediately. Therefore, you should not use e-mail or text message to communicate with CBK if there is an emergency or where you require an answer in a short period of time.

b) If your e-mail/text message requires or asks for a response, and you have not received a response within a reasonable time period, it is your responsibility to follow up directly with CBK.

c) You should carefully consider the use of e-mail/text message for the communication of sensitive medical information, such as, but not limited to, information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.

d) You should carefully word your e-mail/text messages so that the information that you provide clearly describes the information that you intend to convey.

e) CBK reserves the right to save your e-mail/phone number and include your e-mail/texts or information contained within your e-mail/texts in your medical record.

f) It is the patient's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted or recommended by CBK.

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g) Emails and Text messages are not completely secure. CBK will take all necessary precautions to try to protect your privacy through email and text messages. You agree that if you are communicating with CBK through email and text you are agreeing to allow CBK to respond and treat you as needed via those methods. You also agree to not hold CBK liable for any security breaches that may occur with those means of communication unless there was intentional negligence by CBK.

In an effort to respect your privacy, please indicate your preferences from the list below.

☐ **Yes: leave a voice message on my home phone, mobile phone number or email me.**

☐ Home phone (     ) \_\_\_\_\_

☐ Mobile phone voicemail (     ) \_\_\_\_\_

☐ Mobile phone text messaging (     ) \_\_\_\_\_

☐ Email \_\_\_\_\_

☐ **No: I do not authorize any voicemails or emails; I will call your office for scheduling and concerns.**

**Yes: I authorized, leave a message on my partner home or mobile phone number.**

Spouse/Partner Name: \_\_\_\_\_

☐ Mobile phone (     ) \_\_\_\_\_

☐ **No I do not authorize leaving messages or emails on my spouse/partners email or phone.**

<b>Patient Name</b>	<b>Patient/Guardian Signature</b>	<b>Date</b>