



BraindropsPlayTherapy.com

Playful Emotion Family Resource Center  
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### DIGITAL CORRESPONDENCE

By checking this box, and signing below, I give authorization to be contacted via email for communication regarding my child. I agree that I will not use my child's name in any emails, and will refer to him/her with only initials.

By checking this box, and signing below, I give authorization to be contacted via text messaging for the purpose of scheduling appointments. I agree that I will only use text messaging with my therapist for the purpose of scheduling.

I understand that email and text correspondence are not confidential or secure forms of communication and I understand that there is a possibility that someone other than the intended receiver may intercept the correspondence.

Email Address: (self)

Email Address: (other)

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

By signing below, I give authorization to be added to Braindrops Play Therapy & Wellness email list for notification regarding workshops, lectures, and other events that may be of interest to me. At any time, I understand that I can ask to be removed from this email list.

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