

PERMISSION TO CONTACT YOU

Because I want to protect your privacy and confidential information, it is important for you to tell me how and where I should contact you. I will need to contact you from time to time for various reasons: For appointment scheduling, to send you a web link or other handout, or to respond to a question or request from you.

EMAIL OR TEXTING:

I do not encrypt messages for either emails or texting, so you are responsible for confidentiality on your end. Remember that some employers review employee emails and others may have access to your emails or text messages.

Can I make appointments with you by email or text? Yes No

If YES, what email address and/or text number do you want me to use?

email address _____ text # _____

Yes No Can I send information related to our sessions by email or text message (summary, homework, etc.)?

If you are attending counseling with a spouse, partner or other party, or if you are a parent or guardian filling this out for a child, I prefer to be able to contact everyone who needs the information. Please provide email address and/or text number for anyone else involved:

email address _____ text # _____

email address _____ text # _____

email address _____ text # _____

If you send a question or request to me by email, please use the email with the REPLY address to which you want me to send my response. Do not send it from a friend's email or a work email unless you want the reply to go there. Putting a different address at the bottom of the email can easily be overlooked or I may accidentally hit the automatic REPLY out of habit.

TELEPHONE:

I will use the telephone you indicated as your preference on your Client Intake Form. You may also restrict what information is left on voice mail (example: appointment information only, etc.). Please list any restrictions here:

By signing this form, you consent and authorize Debbi Molnar, LMFT, LPCC to contact you as indicated. If you are attending counseling with a spouse, partner or other person(s), all participants (age 12 and over) must sign.

Client Signature _____ Date _____

Print Client Name _____

Client Signature _____ Date _____

Print Client Name _____