

PERMISSION TO EMAIL OR TEXT CLIENT FORM

Andy Dunn, LMFT



COUNSELING FOR COUPLES, FAMILIES & INDIVIDUALS
EMDR

PERMISSION FOR ANDY DUNN, LMFT TO EMAIL OR TEXT CLIENT

I, _____, give my permission and consent for Andy Dunn, LMFT to contact me:
(client's or parent/guardian's name)

(a) via **EMAIL** at _____, or
(print email address here)

(b) via **TEXT** at _____
(print cell # here)

regarding the three areas below:

- ✓ information pertaining to the counseling services provided to you by Andy Dunn, LMFT,
- ✓ information about scheduling appointments with Andy Dunn, LMFT, and
- ✓ all such information transmitted to you via your email address or cell # above by Andy Dunn, LMFT may include patient health information ("PHI") as defined under HIPAA.

Use of email or text information – Andy Dunn, LMFT will never provide a client's email or text information to any entity outside Andy Dunn, LMFT without the client's permission, unless required by law or legal process.

(client's or parent/guardian's signature)

(date)