



# DISCOVERING EXPRESSION

S P E E C H & L A N G U A G E

## Release for Electronic Communication, Email and Texts

Client Name: \_\_\_\_\_ Client's DOB: \_\_\_\_\_

Communication over the internet and or via text (SMS) message is not secure. There is no guarantee of privacy when using email or SMS messaging. Yet, you may ask that we communicate with you via email or SMS messaging. To do so, you must complete this form and return it to your therapist.

I authorize electronic communication to the following:

Email to the following: \_\_\_\_\_

Email to the following: \_\_\_\_\_

Texts to phone #: \_\_\_\_\_

Texts to phone #: \_\_\_\_\_

Initial each blank and sign below:

\_\_\_\_\_ The email address and/or phone number on this release is correct. I, or my designee, accept full responsibility for messages sent to or from this address/phone number.

\_\_\_\_\_ I understand and acknowledge that communications over the Internet or via SMS are not secure. There is no guarantee of privacy of information when shared this way.

\_\_\_\_\_ I agree to hold Discovering Expression Speech & Language, and individuals associated with it harmless from any and all claims and liabilities related to this release to communicate electronically.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

### Authorization to Revoke Release

By signing below, you are revoking permission for Discovering Expression Speech & Language to communicate electronically with any email address and/or phone number previously permitted on this form.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date