



## E-MAIL/TEXT MESSAGING AUTHORIZATION

Although e-mail and text messaging has become an increasingly popular mode of communication between healthcare offices/providers and clients, it's important you acknowledge that our office cannot guarantee the security of any information sent or received via e-mail or text messaging. For this reason and others, our office aims to keep outbound e-mails relatively brief and pertaining to practical (rather than clinical) matters. Please note that our therapists do not conduct therapy via e-mail or text messaging, and cannot respond to urgent matters received by e-mail or text messaging.

E-mails or text messages sent to [kristi@KristiDuCote.com](mailto:kristi@KristiDuCote.com) or 469.688.1787 will be received and managed by your therapist Kristi DuCote, MA, LPC, LCDC who will respond directly to you. Your therapist will respond directly to you based upon your consent to communicate via e-mail or text messaging.

Please check one of the below options:

\_\_\_\_\_ I **DO NOT** authorize e-mail or text messaging communication with Kristi DuCote, MA, LPC, LCDC.

\_\_\_\_\_ I have read and understand the above information, and authorize **BOTH** e-mail **AND** text messaging communications with Kristi DuCote, MA, LPC, LCDC at the below e-mail AND texting number:

\_\_\_\_\_ I have read and understand the above information, and authorize **ONLY** (circle one) e-mail text messaging communication with Kristi DuCote, MA, LPC, LCDC at the below e-mail or texting number:

E-mail: \_\_\_\_\_ Text #: \_\_\_\_\_ Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Text #: \_\_\_\_\_ Name: \_\_\_\_\_

I understand this authorization is valid until (indefinite if left blank) \_\_\_\_\_, that I may withdraw my authorization at any time, and that I have a right to receive a copy of this authorization form.

\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Signature of Client or Parent/Guardian

\_\_\_\_\_  
Date