



Client Name: _____

DOB: _____

**Phoenix Counseling Services, LLC
Electronic Communication Form**

I _____ aware that both e-mail and text messages have the potential to not be secure forms of communication. I'm also aware that sometimes it may be more convenient to contact my counselor through text and/or e-mail. I am consenting to the following forms of communication:

_____ E-mail (provide address): _____

I would like to sign up for e-mail appointment reminders? Y N

I would like to sign up for Phoenix Counseling Services, LLC online portal? Y N

_____ Text (Provide cell): _____

By signing below understand the following:

- My counselor may respond about to me in the above checked areas about scheduling appointments
- I am aware that anything e-mailed or texted to my counselor may be printed and placed into my chart
- I am discouraged from e-mailing or texting my counselor any clinical information

Printed name: _____

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____