**E-Mail and SMS Consent Form**

This form is used to obtain your consent to communicate with you by email or SMS regarding your protected health information (PHI).

**Bolden Therapy & Wellness, LLC** offers clients the opportunity to communicate by e-mail or SMS.Transmitting client information by e-mail or SMS has a number of risks that patients should consider prior to granting consent to use e-mail or SMS for these purposes.

**Bolden Therapy & Wellness, LLC** will use reasonable means to protect the security andconfidentiality of e-mail and SMS information sent and received. However, **Bolden Therapy & Wellness, LLC** cannot guarantee the security and confidentiality of e-mail or SMS communication and will not be liable for inadvertent disclosure of confidential information.

**Client’s Acknowledgment and Agreement**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication of e-mail or SMS between **Bolden Therapy & Wellness, LLC** and myself. I consent to the conditions outlined herein. Any questions I may have had were answered. I agree and consent that **Bolden Therapy & Wellness, LLC** may communicate with me regarding my protected health information by e-mail or SMS.

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 Client Signature Date

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 Parent/ Guardian Signature Date

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Therapist Date

Check if applicable:

\_\_\_ I do not consent to contact via email or text.

* Please note that this may significantly delay response time due to only able to contact via phone call or in-person.

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 Client Signature Date

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 Parent/ Guardian Signature Date

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Therapist Date