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AUTHORIZATION FOR RELEASE for the USE OF CELL PHONE, E-MAIL, and VOICEMAIL COMMUNICATIONS

Date: ____/____/____

I, _____

First Name MI Last Name
Date of Birth ____/____/____

Address: City State Zip

Telephone Numbers: _____

	Home	Mobile	Work
Can I leave a message? Please Circle Yes/No:	Yes/No home	Yes/No Mobile	Yes/No Work

Email Addresses: Yes/No

grant consent for my therapist **Korey Eckley, LCSW** to correspond with me via cell phone, e-mail, and the use of voicemail for the purpose of scheduling appointments, treatment planning, diagnosis or conveying general information about my care or the services. I understand that cell phone, e-mail, and the use of voicemail communications are not secure forms of communication and that confidentiality of any cell phone, e-mail, and voicemail information cannot be ensured. Please be advised that e-mail and the use of voicemail are not to be used in order to communicate urgent matters or emergencies.

Please initial here to indicate you understand the above:

THIS AUTHORIZATION IS VALID UNTIL: _____

(must have date within next 12 months) I understand that I may revoke this authorization at any time, but not retroactive to the release of information made in good faith, by writing to the above specified parties. I understand that information released by this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. It has been explained to me that if I decline to consent to this release of information, the following are the consequences: Specify (if any): Limited treatment and communications. _____

Signature of Person Authorizing Date Signature of Witness Date Relationship to Client

NOTE: Authorization must be filled out in its entirety in order to be valid. NOTICE TO RECEIVING AGENCY/PERSON: You may not redisclose any of this information unless the person who consented to this disclosure specifically consents to such redisclosure. Under the Federal Act of July 1, 1975, Confidentiality of Alcohol and Drug abuse Patient Records, neither such records, nor information from such records may be further disclosed without specific authorization for such disclosure.