



# Email Consent Form

October 2013

I, \_\_\_\_\_, grant consent for **Legacy Clinical Consultants** and staff to correspond with me via e-mail for the purpose of scheduling appointments, or conveying general information about my treatment or the treatment of my child. ***I understand that e-mail is not a secure form of communication and that confidentiality of any e-mailed information cannot be ensured.***

***Please be advised that e-mail is not to be used in order to communicate urgent matters or emergencies.*** This is not a consent to release information to any specific person other than the client (or the client's parent when the client is under age 12).

Responses to emails will be given within 1-2 business days, excluding holidays. Please make sure you white-list your provider's email address. Even though there are no guarantees, it will increase the chances that emails will make it through spam filters.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Signature of Client (or parent of client under age 12)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Name (for child between 12-18 years of age if parent intends to e-mail)

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Name (for child between 12-18 years of age if parent intends to e-mail)

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date