

## Consent Form of Electronic Communication

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The process of Electronic Communication, sent through email and text messages, between you and your therapist might not be encrypted and fully secure. By signing below, you are acknowledging that you realize that email and text communication does not provide the most completely secure means of communication. While your therapist will make every reasonable effort to protect your confidentiality, there are some risk that any protected confidential information contained in email or text may be intercepted by unauthorized third parties.

Your treatment will not depend on you giving consent. You also have the right to terminate this agreement at any time.

Use of more secure communications, such as phone or fax, are always an alternative that are available to you if you elect to not give consent to the following forms of communication.

I give permission for my therapist to contact me using non-secure methods regarding reminders, scheduling, or other relevant matters, and I understand the risks involved:

Text communication	Yes ( )	No ( )
Email communication	Yes ( )	No ( )

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Date

*Licensed Marriage & Family Therapist, 40118  
Licensed Professional Clinical Counselor, 806  
Certified Clinical Mental Health Counselor, 57654  
Board Certified PTSD Clinician, 15879  
National Board Certified Counselor 57654*