

Consent to use E-Mail and Text Messaging to Exchange Personally Identifiable Information

Name:	Relationship to Client:
Email Address:	Cell Phone #:
you should be aware of prior to gi following:	formation by e-mail and text messaging has a number of risks that iving your permission. These risks include, but are not limited to, the in electronic and paper format easily without prior knowledge of the
parent.	essage and personally identifiable information can be sent to the incorrect
	without encryption is not secure and can be intercepted by unknown third
Back up copies may still exist	out the knowledge of the sender or receiver. st even after the sender and receiver have deleted the messages. ce providers have a right to check messages sent through their systems. viruses and other programs
Acknowledgment and Agreemen	
using email and text messaging to I, author	d understand the items above, which describe the inherent risks of communicate personally identifiable information. Nevertheless, prize Alicia Frannicola, Owner of Reach for Speech & Beyond, LLC Beyond@gmail.com, and cell number is 973-432-0064 to ail address,
limited to communication regarding	cipating in private speech and language therapy including but not ng service delivery, progress and any other related matters. I email without encryption presents the risks noted above and may of such information.
(Optional but suggested) In addit treatment team to communicate per	ion, I give permission for the following members of my/my child's ersonally identifiable information concerning myself/my child with
each other using unencrypted ema	
(2):	with the email address: with the email address:
(3):	with the email address:
Signature:	