

A Better Way Counseling Service, LLC

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Phone: 360-281-6824

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Authorization for Email and Phone Reminder Services

Legal Name: _____

Phone: (____) _____ - _____ Email (print legibly): _____

Is it okay to leave detailed messages at this voicemail? Yes No

Would you like to be signed up for email reminder services? Yes No

If yes, would you like agency name omitted in the email reminder? Yes No

I understand that all email messages are sent over the Internet and are not encrypted, are not secure, and may be read by others. I understand that my email communications with my therapist will NOT be encrypted and, therefore, my therapist can NOT guarantee the confidentiality and security of any information we send via e-mail. I understand that SMS/phone messages are even less secure than email, and the same conditions apply. I understand that for this reason my therapist has advised me not to send sensitive information via email or SMS message. This includes information about current or past symptoms, conditions, or treatment, as well as identifying information such as social security numbers or insurance identification information. Reminder and voicemail services will only be used for scheduling or billing purposes.

Signature: _____ Date: ____/____/____

Witness Signature: _____ Date: ____/____/____