



CONSENT FOR COUNSELLOR-CLIENT EMAIL/TEXT MESSAGE COMMUNICATION

The use of email or text message communication is for the purpose of:

Please check all boxes that apply:

- Appointment reminders
- Routine follow-up inquiries
- Other (please specify): _____
- E-mail address to send Parent/Youth Client Satisfaction Surveys
- Parent e-mail: _____
- Youth e-mail: _____

Woodview acknowledges that electronic messages are not encrypted and confidentiality cannot be guaranteed. Messages can be inadvertently misdirected or intercepted by unintended parties. Woodview will take all reasonable precautions to ensure that any electronic correspondence to clients is not misdirected or otherwise become available to unintended parties. Emails or text messages sent to, or by, a client may be included in the client's files, if clinically relevant. Emails/text messages are not to be used for urgent matters as they may not be checked daily.

I, (the client), have had the opportunity to ask questions about the preceding information. I consent to the use of email or text message correspondence, acknowledging the guidelines and knowing the potential consequences listed above.

Client (Parent's) Name (please print)

Client (Youth) Name (please print)

Client (Parent's) Signature

Client (Youth) Signature

Dated this ____ day of _____, 20__

Dated this ____ day of _____, 20__

Verbal consent received from client/guardian indicated above.