



## Electronic Communication Consent & Release

At Child & Family Counseling Group (CFCG), P.L.C., there are various electronic means of communication used to treat and/or coordinate treatment with you and your family. Electronic communication may include, but is not limited to; Cellular phone calls, Text messages, E-mails, Zoom Conferencing, etc. When I exchange Protected Health Information electronically with a clinician from the CFCG office, I am solely responsible for protecting my own privacy and confidentiality, at my own location.

By signing this form, I acknowledge that I understand it is my responsibility alone to ensure the privacy on my end of any electronic communications. I hold CFCG, P.L.C., my therapist and psychiatrists blameless should any violation of my privacy occur due to my error. I acknowledge that I am informed of CFCG, P.L.C., policy and that CFCG, has on file for me to read and possess a copy if I require, a full list of guidelines and regulations for which CFCG, P.L.C. is compliant.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)