



Authorization and Consent for Email Correspondence

This authorization confirms your consent for email correspondence. Please read this information carefully. If you have any questions, please ask them before providing consent.

Email correspondence is a method some people prefer for communication. Although we make every effort to ensure that your privacy is protected when corresponding via email, email correspondence is considered an insecure method of electronic transmission. Our office uses email correspondence for transmission of forms, scheduling and canceling appointments, and brief communication. Email is not recommended for urgent clinical concerns.

By providing consent, you hereby seek to consent and take part in email correspondence with your psychologist and/or staff of Central Austin Psychology Group, PLLC. This agreement constitutes your understanding regarding the nature and content of email correspondence, including contact for general administrative tasks and duties, and for updates and/or correspondence. You may withdraw your consent for participation in email correspondence by submitting your request in writing. If you consent to the aforementioned email correspondence, please indicate your consent by signing your name in the space below.

Your consent and name show that you understand and agree with all of these statements. You may also list restrictions of email correspondence below.

If you have any questions, please do not hesitate to contact us directly.

Patient Name

Client/Guardian Signature

Date