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Informed Consent on the use of text messages:

By signing this form, you are agreeing that you have been informed and understand potential risks to sending and receiving text messages to my above cell number. Every effort is made to keep messages confidential and my cell phone contains a passcode along with a thumb print pass code to keep all information as confidential as possible. However, there may be potential risks to this form of communication. If you understand and agree to this informed consent, then by signing you are allowing text messaging as a form of communication between us.

Client: _____ Date: _____
Cell #: _____

Counselor: _____ Date: _____

Informed Consent for the use of online Portal:

By signing and providing my email I agree to become apart of the online portal provided through TherapyNotes. This portal will allow me to have access to the Hipaa compliant telemental health platform if I choose to utilize this form of therapy, the ability to receive information from my counselor through this portal, and the ability to submit payment. You can view TherapyNotes security and Hipaa compliancy at <https://www.therapynotes.com/features/security/>

Client: _____ Date: _____
Email: _____

Counselor: _____ Date: _____