

*Major Counseling Solutions & Consulting
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Consent to Correspond Electronically

While Major Counseling Solutions & Consulting takes every precaution to protect your confidential information, I understand that email and other electronic sources of communication are not completely secure methods of communication. I understand that electronic communications are not the best way to communicate new information or emergency needs. I understand that I must speak directly to my clinician regarding any information pertaining to treatment of myself or of my minor child.

I grant Major Counseling Solutions & Consulting to communicate with me via e-mail. I acknowledge that if I initiate contact with Major Counseling Solutions & Consulting regarding my care, or the care of my minor child, I am granting permission for correspondence from Major Counseling Solutions & Consulting via that e-mail address or other means of electronic communication.

For Adult Clients:

Client Name Printed: _____

Signature of Client: _____ Date: _____

For Minor Clients:

Client Name Printed: _____

Signature of Parent/Guardian: _____ Date: _____