

**ACKNOWLEDGMENT AND CONSENT FOR COMMUNICATION FOR ADULTS**

I acknowledge that we have assessed our needs for privacy, that I have read all of the information provided by Dr. Federici, have done additional research in areas of concern, that I have weighed the risks and benefits of various modes of communications and I understand that there are many security risks using phones, cell phones, text messaging, and email with conveying messages, especially confidential messages, that Dr. Federici answered any questions that I may have had about confidentiality and security related to communications, that are aware that it is impossible to protect against all security breaches, that I am aware that human errors can happen, and will not hold Dr. Federici liable for breach of security.

*(please check one box with your selection, and both parties please initial each checked box, alongside each other)*

**OPTION 1: COMMUNICATION FOR APPOINTMENTS ONLY**

I DO NOT consent to having any communications outside of Dr. Federici’s office except related to scheduling appointments, rescheduling appointments, or cancelling appointments. I understand that Dr. Federici will discuss all other matters during in person therapy sessions.

*(You must provide one method of communications for appointments)*

If Dr. Federici needs to cancel or reschedule an appointment he may contact me:

- via text \_\_\_\_\_ *(enter number)*
- via phone \_\_\_\_\_ *(enter number)*

Is it OK to leave a voice message?  yes  no

**OPTION 2: FOR APPOINTMENT AND CONFIDENTIAL COMMUNICATIONS**

I am aware of the risks involved to the confidentiality of my private information, and despite that am willing to take the risks involved. I agree to take the necessary safety precautions to protect my privacy that I feel are necessary to achieve the level of security I need.

I consent to the following modes of communication with Dr. Federici:

- via text \_\_\_\_\_ *(enter number)*
- via phone \_\_\_\_\_ *(enter number)*
- via email \_\_\_\_\_ *(enter number)*

Is it OK to leave voice messages?  yes  no

I acknowledge that Dr. Federici has answered any of my questions in this matter, and I am not signing this under any duress. I may revoke this consent by notifying Dr. Federici in writing, and completing an updated form. If my only communication with Dr. Federici outside of therapy is appointment related, I will not be charged any communications charges. I also acknowledge that if I communicate with Dr. Federici outside of sessions on matters other than appointments, I may be charged for a Notable Event or an Impromptu Session, and I will be responsible for those charges, whether or not I was informed during that communication.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date