

ACKNOWLEDGMENT AND CONSENT FOR COMMUNICATION WITH MINOR BELOW 14

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 our 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 our only communication with Dr. Federici outside of therapy is appointment related, we will not be charged any communications charges. The parent/guardian also acknowledges that if we 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 we were informed during that communication.

Name of Patient (minor)

Patient’s Date of Birth

Signature of Parent or Guardian

Relation to Patient

Date