



Authorization for Release of Information via Email/Voicemail

Be sure to read these policies carefully – they will impact your time at ABG. After you have read it, sign this form and bring a copy to your first appointment. Please save a copy of the form in your folder for reference.

Please initial your choices to indicate your agreement.

_____ **E-mail**

I authorize ABG Therapy & Wellness Center LLC to use electronic mail (e-mail) to contact me and/or other professionals involved in my or my child's care. I am aware that ABG Therapy & Wellness Center LLC does not use any specialized encrypted email software and cannot guarantee that information transmitted via e-mail will not be intercepted by other parties. By signing this form, I agree to not hold ABG Therapy & Wellness Center LLC or its employees responsible for any breach of confidentiality that may occur by someone else accessing the information contained in any emails sent to or from ABG regarding my or my child's personal health information. I understand that reasonable means will be used to protect the security and confidentiality of the email. All concerns to and from me regarding my or my child's personal health information will be a part of my or my child's medical record and can be viewed by healthcare and insurance providers and ABG's office support staff. My email will not be forwarded outside the office without my consent or as required by law.

E-mail address: _____

_____ **Voicemail**

ABG Therapy & Wellness Center LLC has my permission to leave detailed clinical information on my voicemail or answering machine including but not limited to messages regarding appointments.

_____ **Texts**

Whenever possible, I prefer information regarding appointment changes be sent to me via text.

Mobile number: _____

I have read and agree to abide by the above.

Client name: _____

Name of responsible party: _____

Signature of responsible party: _____

Date of signature: _____