



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 give it to your therapist for copying. It will then be returned to you to save in your folder for referencing.

Please initial your choices to indicate your agreement.

ABG has my permission to leave info on the following forms of communication:

_____ **E-mail**

E-mail address: _____

_____ **Voicemail**

ABG Therapy & Wellness 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: _____

Signature of responsible party & Date: _____