



## Consent for Electronic Communication

I consent to communicate with Shining Light Speech Therapy, PLLC regarding my child via:

- Email
- Text messages

I understand that there are risks associated with electronic communication. I acknowledge that I have read and fully understand and accept the risks and limitations of using the selected electronic communication.

### **Risks of using electronic communication**

Shining Light Speech Therapy, PLLC will use reasonable means to protect the security and confidentiality of information sent and received using electronic communication. However, because of the risks outlined below, the security and confidentiality of electronic communications cannot be guaranteed:

- Online services have a right to archive and inspect emails sent through their systems.
- Electronic communications can introduce malware and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications can be forwarded, intercepted, circulated, stored or changed without the knowledge or permission of Shining Light Speech Therapy, PLLC or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, backup copies may exist on a computer system.
- Email and text messages can be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email and text messages can be easier to falsify than handwritten or signed hard copies.

**Acknowledgment and Agreement**

I give permission for Shining Light Speech Therapy, PLLC to communicate with me electronically and that electronic messages may include my child's personal health care information and that these messages may be included in my child's medical record. I acknowledge that I may, at any time, withdraw the option of communicating electronically by providing written notice to Shining Light Speech Therapy, PLLC.

Email Address(es): \_\_\_\_\_  
\_\_\_\_\_

Cell Phone Number(s): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guarantor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent/Guarantor Name

\_\_\_\_\_  
Printed Client Name