

John D. Moore, LCPC, CADAC
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E-Mail Informed Consent Form

Client's Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

Phone: _____

I, _____, grant consent for my counselor: **John D. Moore**, to correspond with me via e-mail for the purpose of (scheduling appointments or conveying general information about my care or the services, or e-therapy as indicated). I understand that e-mail is not a secure form of communication and that confidentiality of any e-mailed information cannot be ensured. Please be advised that e-mail is not to be used in order to communicate urgent matters or emergencies.

Please initial here to indicate you understand the above:

Please indicate your e-mail address: _____

This authorization is valid until: _____
(must have a date within next 12 months)

I understand that I may revoke this authorization at any time by writing to John D. Moore, except to the extent that action has already been taken to send the e-mail information. I also understand that any correspondence with my counselor is strictly confidential (privileged) and cannot be shared by me (the client) (or any person with access to my email account) with third parties.

My signature indicates that I understand the risks involved with electronic mail (e-mail) and that confidentiality cannot be guaranteed.

Signature of Client

Date

Signature of Parent/Legal Guardian/Personal Representative
(Required if client is not legally authorized to sign Authorization)

Relationship to Client

Signature of Witness

Date

03-00500-1-00