



Fawn Gonzales, LCSW  
Independent Practitioner  
The Sharing Place  
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## Electronic Communication Consent

Client Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Electronic communication via cell phone, text and email is potentially unsecure. Therefore, electronic communication cannot be guaranteed as confidential.

If I choose to communicate with Fawn Gonzales, LCSW via cell phone, text, and/or email I consent and understand that Fawn Gonzales, LCSW is not responsible for information disclosed.

**I have read and I understand the risk associated with electronic communication and I consent to the above terms.**

\_\_\_\_\_  
Signature of Consenting Client and/or Parent, Guardian, or Legal Representative

\_\_\_\_\_  
Date

## Informed Consent to Telehealth Services

Telehealth involves the delivery of health care services, including assessment, treatment, diagnosis and education, using interactive audio, video and data communication. Potential benefits of telehealth include access to behavioral health care if unable to travel to provider's office; and during the COVID-19 pandemic, reduced exposure to clients, practitioners and individuals in a physical location.

Potential risks of telehealth include loss of information or unauthorized access to my information due to technological failures.

I agree to receive telehealth services. I consent to, understand and agree that: I have a right to discuss benefits and risks associated with telehealth; I can request a referral to a different practitioner in effort to be seen face to face; and in the event of technological failures, Fawn Gonzales, LCSW is not responsible for information lost or breached.

\_\_\_\_\_  
Signature of Consenting Client and/or Parent, Guardian, or Legal Representative

\_\_\_\_\_  
Date

