

# ***Serenity Counseling LCSW PLLC***

***20 Medford Avenue Suite 109***

***Patchogue, New York 11772***

***Phone 704-458-3025***

***fpredarrow1@gmail.com***

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1. I, \_\_\_\_\_ [print name], am receiving counseling services at Serenity Counseling LCSW PLLC \_\_\_\_\_ (initial).
  2. Frances Red Arrow, LCSW, is my Counselor. \_\_\_\_\_ (initial).
  3. I understand that at times I may receive counseling services through electronic communication, including but not limited to Doxy.Me and other similar methods of electronic communication. \_\_\_\_\_ (initial).
  4. I further understand that these methods of electronic communication are not necessarily secure and are potentially subject to being viewed by other persons. \_\_\_\_\_ (initial).
  5. I expressly agree and consent to receive counseling services by means of electronic communication as noted above. \_\_\_\_\_ (initial).
  6. I further expressly agree that I, for myself, my heirs, executors and administrators, indemnify, hold harmless, waive, release and forever discharge Serenity Counseling LCSW PLLC, the individual Counselor named above, their agents, employees, officers and staff from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, injury or property damage that may occur, result or be sustained during or arising out of participation in such counseling services and specifically such counseling services which occur through *via* or associated through electronic communication, whether or not such damages, injuries or losses are due to, are caused by or result from negligence.
  7. I have signed this document, freely, knowingly understandingly and voluntarily without any coercion, promise of reward or threat whatsoever. \_\_\_\_\_ (initial).

\_\_\_\_\_  
Client signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian (if client is under 18 years of age)

Date: \_\_\_\_\_

\_\_\_\_\_  
Frances Red Arrow, LCSW

Date: \_\_\_\_\_