**Lindsay Cooper LAC, LCPC**

410 Central Avenue Suite 308

Great Falls, MT 59401

406-836-7494

**Electronic Communication Consent and Release**

Various electronic means of communication may be used to treat and/or coordinate treatment with you and your family. Electronic communication may include, but is not limited to; Skype, cellular phone calls, text messages, e-mails, etc. When I exchange Protected Health Information electronically with a clinician, I am solely responsible for protecting my own privacy and confidentiality, at my own location.

By signing this form, I acknowledge that I understand it is my responsibility alone to ensure the privacy of my end of any electronic communications. I hold Lindsay Cooper blameless should any violation of my privacy occur due to my error.

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Client/Guardian Signature Printed Name Date

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Counselor Signature Printed Name Date