

CONSENT TO TRANSMIT INFORMATION ELECTRONICALLY

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

I agree to allow Alyson Jones & Associates to communicate with me electronically using the e-mail address provided.

I understand that there are inherent risks in communicating electronically, including the risk that emails could be seen by persons other than the intended recipient.

I understand that Alyson Jones & Associate's email system is password protected but not encrypted and that the company cannot guarantee the confidentiality of information transmitted electronically.

NOTE: For the purposes of communicating appointment confirmations and reminders, personal information transmitted by email will be related to the appointment booked, including but not limited to your name, therapist, time, the company name and contact information.

I understand that I may withdraw this consent at any time by notifying the Front Desk by email (info@alysonjones.ca).

_____	_____	_____
Printed Name	Signature	Email Address

**Other Household Members:** If there are other members of your household who will be attending sessions and who want email notifications, please have them consent below.

_____	_____	_____
Printed Name	Signature/ Guardian Signature	Email Address

_____	_____	_____
Printed Name	Signature/ Guardian Signature	Email Address

_____	_____	_____
Printed Name	Signature/ Guardian Signature	Email Address

_____	_____	_____
Printed Name	Signature/ Guardian Signature	Email Address