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Email Release of Information

If you wish to have me communicate with you via electronic mail (email), please complete this form. Be aware that I do not have encrypted email software and cannot guarantee that information transmitted by email will not be intercepted or read by other parties. By signing this form you are agreeing not to hold Cynthia Benedict Goering responsible for any breach of confidentiality that may occur by someone else accessing the information contained in any emails sent to or from Cynthia Benedict Goering.

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Client's Signature

Date

Parent/Guardian's Signature (if applicable)

Date

Client's Signature

Date

Therapist's Signature

Date

This release may be revoked at any time by writing a revocation and is valid until such revocation is received in my office.

