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**Consent for Nonsecure Communications**

I, \_\_\_\_\_ and/or my child, \_\_\_\_\_,

have discussed with Susan Denison, MSW, LCSW, and understand that the use of unencrypted email, texting, Skype and/or Facetime poses some risk that may be not be secure, and could potentially be breached by others. I am aware that, by choosing unencrypted avenues of communication, that my health information may be disclosed to a third party. By signing this form, I am choosing to receive communications as stated above though I am aware of the potential risks and consequences.

\_\_\_\_ I choose to receive unencrypted emails, texts and/or communicate via Skype/Facetime though I realize it may not be secure.

\_\_\_\_ I do not choose any of the above

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Skype and/or Facetime address: \_\_\_\_\_

\_\_\_\_\_

Client (or Parent if underage)

Date

\_\_\_\_\_

Witness

Date