

CLARITY CONSULTS LLC.

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CODYCLARITYCONSULTS@GMAIL.COM

Request for Electronic Communication

Name _____

Date of Request: _____

I request that the following communication from *Clarity Consults LLC.* be delivered to me by the provided electronic means. I understand that this form of communication may not be secure, creating a risk of improper disclosure to unauthorized individuals. I am willing to accept that risk, and understand that the practice is not responsible if such an incident should occur.

Communication:

____ Appointment reminders

____ Any other subject matter ie: session details: _____

Methods:

____ E-mail E-mail Address: _____

____ Text Phone Number: _____

____ Skype ____ Zoom

____ Signal ____ WhatsApp

Signed: _____ **Date:** _____

Print Name: _____ Phone No: _____