

Marie Krebs Consulting, PLLC Technology/Telehealth Consent Form

I, _____, am aware should
(Print Your Name)

Marie Krebs, and myself exchange communication through email, tele-therapy/Zoom etc... and phone or text that:

- Marie Krebs will protect my confidentiality as much as possible, but would like me to be aware that all types of technology are not completely secure and that privacy could be compromised (i.e.: hackers) and I agree not to hold Marie Krebs responsible should my privacy be compromised.
- Email is not the quickest way to communicate with me and you understand that in case of emergency you will call 911.
- Or if you need to speak with me urgently you will follow my office policies in contacting me urgently.
- Texting should be reserved for last minute questions/cancellations or reschedules only. When possible in person or voicemail is best.
- Best and most private email address for me is: marie@mariekrebsconsulting.com

Should I want to use any form of technology in any way, by signing this document, I am agreeing to the above information and procedures.

Signature

Date

Marie Krebs, MS, LPC-S, LCDIC, SRT
www.mariekrebsconsulting.com
marie@mariekrebsconsulting.com

A scanned copy of this document constitutes an agreement between both parties.