



**ELECTRONIC PERMISSION FORM**

Stonebrook Counseling Associates, PLLC therapists occasionally use email and/or instant messages to communicate with patients. By signing below, I, \_\_\_\_\_, give permission for my therapist to use email and/or instant messages to communicate with me. Therapists may also use email and/or instant messaging to contact a client to check progress, offer encouragement or discuss non-critical issues. I understand that this is not a replacement for therapy and not to be used as such. I understand that the confidentiality of such email and/or instant messages **CAN NOT BE GUARANTEED.**

Email/Instant Message Address: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

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

If a Stonebrook Counseling Associates, PLLC therapist receives an email and/or instant message from a patient the therapist may respond **ONLY IF PRIOR PERMISSION HAS BEEN GRANTED BY THE PARENT AND/OR GUARDIAN.** The therapist will notify the parent and/or guardian of the minor client that such a communication has taken place. Therapists may also use email and/or instant messaging to contact a minor patient to check on progress, offer encouragement, or discuss non-critical issues. I understand this is not a replacement for therapy and not to be used as such. I understand that the confidentiality of such email and/or instant messages **CAN NOT BE GUARANTEED.**

Email/Instant Message Address: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If patient is a minor)

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

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