

Michelle M. Forrester, Ph.D.  
Licensed Psychologist # 2-5359

## Authorization for Email Communication

*Please print:*

Names(s): \_\_\_\_\_

By signing this consent I am authorizing Dr. Michelle Forrester and her staff members to communicate with me via email for NON-Clinical information such as appointment reminders/confirmations, referral information, and billing questions.

Due to the difficulty of ensuring the confidentiality of electronic communication, this method of communication is not appropriate in an emergency and is not intended to provide care or treatment. All communication that involves confidential information should be directed to Dr. Forrester or her staff via phone or in person.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name