

**Genesis Counseling Group Agreement to Receive Electronic Communication
and Agreement to Participate in Virtual Counseling Sessions**

Client Name: _____ Date of Birth: _____

Please initial below:

I, _____ *do agree*

I, _____ *do not agree*

That Genesis Counseling Group Counselors, Psychologists, and/or Nurse practitioners may communicate with me electronically at the email address and/or mobile phone number listed below.

Client email address: _____

Client phone number: _____

Please initial below:

I, _____ *do agree*

I, _____ *do not agree*

That Genesis Counseling Group Counselors, Psychologists and/or Nurse Practitioners may contact me by phone or video conferencing to conduct counseling sessions using virtual formats, such as ZOOM.

I am aware that there is some level of risk that third parties might be able to read or see unencrypted emails, text messages or audio/video sessions. I further agree that I am responsible for providing Genesis Counseling Group any updates to my email address and/or mobile phone number.

Client Signature: _____ *Date:* _____