**New Pathways Eastside Therapy 300 NE Gilman Boulevard, Suite 300**

**Denise Kuyper, M.S., M.A. Issaquah, WA 98027**

**Licensed Marriage and Family Therapist 425.891.4994**

**Telehealth & Email Correspondence Agreement**

By signing this form, you are agreeing to receive email correspondence for such purposes including, but not limited to, electronic receipts for services rendered, scheduling, and communicating regarding counseling services. Your email address will not be shared with third-parties outside of New Pathways Eastside Therapy. Please be aware that I do not have encrypted email software and cannot guarantee that information transmitted by email will not be intercepted or read by other parties. If you submit an email address that can be accessed or is used by anyone else, please be aware that confidentiality may be broken. By signing this document, you expressly acknowledge and consent to the use of the shared email account for these purposes and unconditionally agree to accept the Terms of Use as stated above. To opt out of receiving email at any time, please notify New Pathways Eastside Therapy in writing.

Telehealth services are conducted via Vsee or Zoom. Security is maintained through the use of private invitations.

I have read the above and agree to hold Denise Kuyper and New Pathways Eastside Therapy harmless for any breach of confidentiality that may result from unauthorized access to confidential information included in any emails sent to or from me.

I agree to telehealth sessions.

|  |  |
| --- | --- |
|  |  |
| Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |