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Waiver

The following business practices, though not all-inclusive, may constitute a potential risk to your confidentiality, in spite of the security measures that I have in place to protect your privacy. By signing below you understand and acknowledge the possible risk and you consent for such practices to be utilized.

- Use of an electronic calendar
- Use of a paper calendar
- Use of a cell phone for communication with you and other professionals
- Use of a laptop computer
- Use of unencrypted email
- Use of computerized billing
- Use of shared office space with the independent practices of other mental health professionals with potential access to, among other things, common storage and file space, mailboxes, voicemail, messages, fax machine and faxes.
- Use of shared administrative staff

PRINTED NAME

SIGNATURE OF CLIENT OR PARENT/GUARDIAN

DATE