

**Jill Marie Cooper, M.A.**  
**Licensed Marriage and Family Therapist and Credentialed Art Therapist**  
**CA LMFT#50887**  
**Art Therapy Credentialing Board #ATCB 10-028**  
**(650) 529-5188**

**EMAIL AUTHORIZATION FORM**

Authorization to Utilize Unencrypted Email to Communicate Protected Health Information

We have the option of communicating with each other via email. I want to make sure you know that email communications between us are not encrypted and therefore are not secure communications. If you elect to communicate with me from your workplace computer, you also should be aware that your employer and its agents may have access to email communications between us. Finally, email communications may become a part of your client medical record. Incoming email communications will be reviewed and responded to as soon as possible. If you have not heard from me with a response and are concerned I may not have received the message, please call me at the office during regular business hours. Email communication should never be used in the case of an emergency or for urgent requests for information. Please select your preference below for whether you accept the terms and conditions outlined herein:

- Yes, I consent to email communication with Jill Cooper, LMFT  
 No, I prefer not to have email communication with Jill Cooper, LMFT

Additionally, you have the option of receiving your invoices and receipts in the form of an electronic copy sent via email, or a paper copy sent via mail. Please select your preference below, which will serve as your consent to send confidential information in this manner:

- Electronic copy  
 Paper copy

I understand that I may revise or withdraw my consent at any time, and that I have the right to receive a copy of this authorization form.

\_\_\_\_\_  
Signature of Patient/Guardian Date

\_\_\_\_\_  
Printed Name of Patient/Guardian