



**CrossRoads Counseling Centers**

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**CONSENT TO INTERNET COMMUNICATION**

I recognize that email and other forms of internet communication are not a secure/confidential means to transmit data. I voluntarily wave my rights provided by federal and state laws regarding confidentiality in order to: (please initial all that apply)

\_\_\_\_\_ send and receive communications from my therapist via email.

\_\_\_\_\_ send and receive communications from my therapist via Skype.

\_\_\_\_\_ send and receive communications from CrossRoads' support staff regarding appointment times and/or invoices.

I voluntarily give my permission and will not hold CrossRoads Counseling Centers and my therapist \_\_\_\_\_ legally responsible for the transmission of this data. I fully understand that I am waiving rights granted by the HIPPA law and any other state or federal laws that pertain.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Email Address \_\_\_\_\_

Client Skype Address \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_