

Electronic Consent Form

I, _____, give permission to Central Ohio
(Name of Parent(s)/Guardian(s))

Behavioral Consulting, LLC to correspond with me regarding my child,

_____, through electronic mail.
(Child's name)

E-mail address(es):

By consenting to correspond through electronic mail, I also agree to the following:

- This form of communication can pose a risk of accidental dissemination of confidential information regarding my child.
- E-mails sent or received can be printed and included as part of my child's record.
- E-mails may be forwarded internally.
- Any change in e-mail address will be provided as soon as possible.
- Confirmation that I have received and read the email will be provided.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date