



central ohio behavioral consulting

Additional Electronic Consent

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

Behavioral Consulting, LLC to correspond with the following individuals regarding my

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

1. _____
(Individual name)

(email address)
2. _____
(Individual name)

(email address)
3. _____
(Individual name)

(email address)
4. _____
(Individual name)

(email address)

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.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Witness

Date