

Palouse River Counseling

340 N.E. Maple St., Pullman, WA 99163 Voice (509) 334-1133 TDD 1-800-833-6388 FAX (509) 332-1608
A Pullman United Way and Colfax Community Fund Agency

Informed Consent Texting, Email, & On-Line Communications Agreement and Release of Liability

In consideration of being allowed to communicate with my service provider outside of the PRC offices, I do hereby waive, release and discharge PRC, its officers, employees, and all others from any and all responsibilities or liability from unintentional exposure of my identity and /or communications.

I understand that communicating outside of the office setting is less secure and that my communications may be unintentionally viewed or overheard by others. I understand that my service provider will protect my identity, and my communications, as confidential as can reasonably be accomplished. As a voluntary participant, I hereby agree to expressly assume and accept any and all risks associated with these activities.

In addition, I understand that these forms of communication and method of accessing services and care may not be as complete as face-to-face services.

I have read and understand the information provided above. I have discussed it with my service provider, and all of my questions have been answered to my satisfaction.

Acceptable forms of communication between me and my service provider include:

Texting Email _____

Other _____

Client Name (Please Print): _____ DOB: _____

Client Signature: _____ Date _____

Parent/Guardian Signature: _____ Date: _____

PRC Representative: _____ Date: _____