

**PHONE AND EMAIL COMMUNICATION
SUPERVISION/CONSULTATION**
Tamara L Kaiser PhD LICSW, LMFT

Please note that Tamara Kaiser cannot guarantee privacy when communicating via phone or email because of the insecure nature of the technology. By signing the form below, we agree to the following:

1. I authorize Tamara Kaiser to leave information on this voicemail/answering machine numbers () _____ () _____
() _____ regarding:
___ Scheduling information
___ Billing information

2. I authorize Tamara Kaiser to leave information with the following person:
_____ regarding:
___ Scheduling information
___ Billing information

3. I authorize Tamara Kaiser to send information to this email address
_____ regarding:
___ Scheduling information
___ Billing information

4. I authorize Tamara Kaiser to talk to me from either her cell or cordless phone regarding:
___ Scheduling information
___ Billing information
___ Issues related to my supervision or consultation.

5. I understand that Tamara Kaiser will not accept or send email communication about any topic other than scheduling and billing.

6. I understand that if Tamara Kaiser is not available by phone when I have an emergency, she advises me to call whomever she and I have agreed I should talk to in such a situation.

Signature

Date