

Spiral Center for Transformative Practices

Confidentiality Statement

With the advent of various methods of communication, and the potential lack of confidentiality that can occur with emails and text messaging, I need your permission in order to communicate with you through these forms. Though I always respect your privacy around sensitive communications, I cannot guarantee the protection of your emails and texts. I will do everything I can to guard your privacy should you agree to communicate outside of sessions through email and texting. I typically never initiate contact through email or texts, but I want your permission to respond to you through these methods, should communication be initiated by you.

Please place your name in the blank below and initial the following options:

I, _____, hereby give my permission to Laura Wade Jaster to have contact with me via:

Message at Home _____

Message at Work _____

Message on Cell _____

Text messaging (which phone number) _____

Email (include your email address) _____

This form can be updated with your preferences at any time during our care.

Thank you,

Laura