

Interactions Therapy Center
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Communication Consent Form

In order to keep all of your information confidential please inform me of the ways in which you would like me to communicate with you.

Notification:

Communicating through electronic means may be unsecure and there is a risk of others seeing your information. However, to respect the way in which you would like me to communicate with you please make your request known below:

I give consent to Interactions Therapy Center to communicate with me using the following unsecured methods:

Email:
Text:
Phone:
Mail:

Printed Name

Signature

Date