

Barbara Carr-Goodman, LCSW, ACSW
Counseling for Health and Wellness



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MODES OF COMMUNICATION AUTHORIZATION

Alternative modes of communication (voicemail, text messages, email, etc.) may be preferable and more convenient for you; however, it is important that you understand that the therapist cannot guarantee the security and confidentiality of information sent or received via voicemail, text message, or email. For this reason, communications must be brief and pertaining to practical matters, such as scheduling appointments and short updates. The therapist cannot conduct therapy or respond to urgent matters via these forms of communication. In an emergency situation, please call 911 or go to the nearest hospital emergency room.

Please check any of the following that apply:

_____ I authorize Barbara Carr-Goodman, LCSW, ACSW, to leave voicemail messages at the following number(s): _____

_____ I authorize Barbara Carr-Goodman, LCSW, ACSW, to send text messages to the following number(s): _____

_____ I authorize Barbara Carr-Goodman, LCSW, ACSW, to send email messages to the following address(es): _____

This authorization shall remain in effect until (indefinite if left blank): ____ / ____ / ____

I acknowledge that I have the right to revoke this authorization, in writing, at any time. However, such revocation will not be effective to the extent that Barbara Carr-Goodman, LCSW, ACSW, has acted in reliance on the authorization.

Client's Name (please print)

Signature of Client

Date

Signature of Parent/Guardian

Date