

**PERMISSION FOR CELL PHONE AND EMAIL
COMMUNICATION FROM PATTY SCHEIN, M.Ed.,
LMFT, LPC, TO PATIENT/CLIENT**

I understand these are not HIPPA-compliant and are not protected communications that subject your confidentiality to breaches and personal violations.

PERMISSION TO CONTACT ME

CIRCLE

INITIAL

TEXT: YES/NO

CALL: YES/NO

VOICEMAIL: YES/NO

EMAIL: YES/NO

I UNDERSTAND AND AGREE TO THE ABOVE TERMS

Signature (sign):

Signature (print):

Date: