

KATHRYN S. STEINMAN, PSY.D.  
Licensed Psychologist

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AUTHORIZED METHODS OF COMMUNICATION

This form provides authorization for the ways in which you prefer me to contact you outside of your appointment time.

My profession requires that I must utilize the most secure means of communication possible. **Phone calls and voicemail messages are the most secure way of sharing information.** I highly recommend this be your primary means of reaching me.

That being said, **I do accept email correspondence**; although, patients should be well aware that this is not a fully secure means of communication. There are inherent risks that personal and confidential information could be breached, despite computer safety precautions I make to ensure transmission security. Should you prefer to send emails, it is best that you limit the content to "business" matters such as scheduling an appointment. It is recommended that anything of a more personal and detailed nature should be discussed by phone.

**Note: I will not communicate with patients via text or i-message.**

Please initial and provide approved contact information below for how you prefer me to contact you.

\_\_\_\_\_ Cell phone: \_\_\_\_\_

\_\_\_\_\_ Home phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

By signing below, I understand the confidentiality risks explained and I have approved communication methods accordingly. I acknowledge that I may change and/or revoke this authorization at anytime by providing such intention in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name