

Carolina Psychological Associates, P.A.  
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**CELLULAR PHONE AND FAX COMMUNICATION FORM**

I give my consent for Carolina Psychological Associates, P.A., to send by electronic transmittal or communicate by cellular phone, with appropriate release of information, confidential information concerning my or my child's diagnosis, care, testing records, treatment plan and goals. I am fully aware that electronic transmittal and wireless telephone communication is subject to difficulties. I understand that Carolina Psychological Associates, P.A., will exercise all reasonable precautions, and I will in no way hold Carolina Psychological Associates, P.A., liable for any difficulties resulting to me or any other family member from the communication of confidential information by means of fax or cellular phone.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date