

**Samantha McGann, LCSW
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Electronic Communication

I, _____ authorize Samantha McGann, LCSW, Dr. Kimberly A. Lemke, PC and/or Mary Englund, Psy.D., LLC to communicate with me /and or submit a bill to the e-mail address listed below. I also understand that by providing the following e-mail address, I accept any/ and all HIPAA risks associated with electronic submission of data. I accept that the information submitted electronically is not confidential.

E-mail Address: _____

E-mail Address: _____

Patient Signature (age 12 & older): _____ Date: _____

Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

I, _____ authorize Samantha McGann, LCSW, Dr. Kimberly A. Lemke, PC and/or Mary Englund, Psy.D., LLC to communicate with me via phone, text or through voicemail. I also understand that by providing the following phone numbers, I accept any/and all HIPAA risks associated with electronic submission of data. I accept that the information submitted electronically is not confidential.

Phone Number: _____

Phone Number: _____

Phone Number: _____

Patient Signature (age 12 & older): _____ Date: _____

Guardian Signature: _____ Date: _____

Witness: _____ Date: _____