

**Dr. Mary Englund**  
**1805 N. Mill Street, Suite B**  
**Naperville, IL 60563**

**Electronic Communication**

I, \_\_\_\_\_ authorize Mary Englund, PsyD 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: \_\_\_\_\_

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I, \_\_\_\_\_ authorize Dr. Mary Englund, PsyD 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: \_\_\_\_\_