From the Heart Counseling Services

Authorization to Receive Emails About Workshops, Groups, and Wellness Programs

Client Name: _____ Date of Birth: _____

I authorize From the Heart Counseling Services LLC to send me email communications about workshops, groups, classes, wellness programs, and other offerings not directly related to my treatment.

I understand that:

- These emails may include information about paid programs, classes, or events, which are considered marketing under HIPAA.
- My decision to sign this form is completely voluntary and not a condition of receiving therapy or any other service.
- I may revoke this authorization at any time by notifying the practice in writing. Revoking authorization will not affect any emails already sent before the revocation was received.
- Emails may not be encrypted, and while reasonable safeguards are used, there is a small risk that information could be intercepted or accessed by unauthorized parties.
- This authorization will remain in effect from the date of my signature unless I revoke it sooner.
- I may request a copy of this authorization at any time.

Preferred Email Address for Communications: _____

Client Signature: _____ **Date:** _____

Parent/Guardian Signature (if applicable): _____ **Date:** _____

Witness / Provider Signature: _____ **Date:** _____