



Authorization to E-mail Receipt

_____ I have been informed that third party receipts such as square and from the therapist via email is not HIPAA Compliant.

I, _____ give permission to MindTree Holistic Counseling to send me counseling receipts via e-mail from the therapist and a third party service such as Square and I will not hold MindTree Holistic Counseling liable for any legal and/or personal damages.

Signature of the Client/Parent/Guardian

Date:

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