



Heather Luevano MFT

Coastal Family Therapy

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## E-MAIL COMMUNICATION

By signing below, I consent to receive e-mail communication from Heather Luevano, MFT at the following e-mail address: \_\_\_\_\_

I also acknowledge that although every attempt will be made to protect my confidentiality in these communications, communication via e-mails is, by nature, impossible to completely secure and it is possible that my information may be accessed by a third party without the knowledge of Heather Luevano, MFT. Furthermore, I understand that should I desire to change my email address or rescind permission to communicate via e-mail, I must notify Heather Luevano, MFT in writing.

Patient Name: \_\_\_\_\_

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