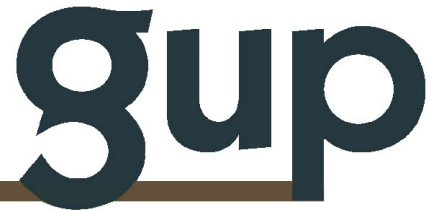


Employee Assistance

Behavioral Health Programs



& ASSOCIATES, INC.

CONSENT TO CORRESPOND ELECTRONICALLY

While Gup & Associates, Inc. takes reasonable precautions to protect your confidential information, e-mail, texting & social networking is not a completely secure method of communication.

I acknowledge that if I use electronic mail to initiate contact with Gup & Associates, Dr. Nancy Gup or one of her representatives has my permission to correspond via that email address and other forms of electronic communications.

I give permission for Gup & Associates to email me regarding their services at:

Email: _____

The purpose of e-mail and other forms of electronic communication is to communicate with the client regarding scheduling appointments, reminding clients regarding their appointments, homework assignments, follow-up care according to staff or information regarding the clients' business account. Electronic communication is not a way of communicating new information regarding care or of communicating emergency treatment.

If you are in an emergency situation and need to contact someone immediately to help, you may call **Emergency Services** at 911 or visit your local hospital emergency room.

I give Gup & Associates, Inc. my permission to add my e-mail address for the purpose of sending me notices of future events and other pertinent information through my e-mail.

Client / Guarantor Signature* _____ Date _____

*If client is a minor (under the age of 18), form must be signed by a parent or legal guardian.

Fill out this form electronically or by hand and EMAIL to drgup@gupinc.com