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Informed Email Consent

I _____, consent to allow e-mail correspondence between Trilogy Psychological Services and myself using the e-mail address listed below. I understand that e-mail is not always a secure confidential transmission. I understand that the information, (verbal or other wise), I provide during this evaluation may be discussed during e-mail correspondence and is subject to losing confidentiality. At all times, during any type of communication, Trilogy Psychological Services will, to the best of their ability, maintain proper confidentiality regulations.

Preferred E-mail Address: _____

Signature: _____ Date: _____

Printed Name: _____