



**Adoption Counselling Associates  
Consent for Electronic, Digital and Virtual Communications**

*During meetings with your Adoption Practitioner please make efforts to participate in any virtual communications in a private setting and use a personal computer (rather than an employer's computer or a computer belonging to someone else who may have access your information).*

I/we accept and acknowledge that electronic, digital and/or videoconference communications cannot be guaranteed to be confidential. All communications have inherent privacy or security risks including privacy breaches, and/or information that may be intercepted or unintentionally disclosed.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_