

# Professional Counseling

Dr. Lydia Chun  
Licensed Psychologist  
(714-522-GIFT/4438)

## **Text & Email and Phone Notification/Communication Agreement**

(If you agree with the GIFT staffs to send and receive messages via text and/or email, please e-sign or sign below)

I hereby authorize **Dr. Lydia Chun and GIFT Professional Counseling staffs** to send and receive messages relating to **administrative work** such as scheduling, appointments etc. via text, and email in addition to phone calls.

저는 Lydia Chun 박사님의 GIFT 전문상담소의 직원과 박사님과 필요하면 서로 스케줄과 사무적은 내용들을 전화 문자, 이메일, 전화 등으로 서로 나눌수 있음을 동의 합니다.

성함 Name: \_\_\_\_\_ 날짜 Date: \_\_\_\_\_

서명 Signature: \_\_\_\_\_ Date: \_\_\_\_\_