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**Email Communication Authorization (optional)**

Client name: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby authorize Naira Velumyan to communicate with me using the email address above for administrative purposes such as scheduling appointments and general questions. I understand that email is not a secure means of communication, therefore my privacy is not guaranteed. I understand that email is not to be used for psychotherapeutic content and cannot be used for emergencies or time sensitive cases. If I have an urgent matter, I will call Naira Velumyan and/or utilize crisis services as agreed to in the initial contract. I understand that I am responsible for taking steps to protect myself from unauthorized uses of online communication, and that Naira Velumyan is not responsible for breaches of confidentiality caused by third party or by myself. I understand that Naira Velumyan will use my email address for communication only with me and will not release my email address to anyone. I certify that I have read and fully understand this authorization form that will remain in effect unless I provide written notification of its termination.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date