

Client Consent to Email and Text

I, \_\_\_\_\_ ( client name and birthdate) give permission to Elizabeth A. Smith LCSW to text or email me at any time and I can do the same to her regarding appointment times , rescheduling appointments , . I understand that privacy is uncertain with email and texting and will undertake this form of social media communication with that understanding and risk.

If I have any questions or concerns or need further clarification I will ask the psychotherapist before signing this

Signature of client and date -----