

## PERMISSION TO COMMUNICATE USING ELECTRONIC MEDIA

I understand that communication via electronic means including (but not limited to) email, Skype, cell phone and text messaging may not be secure and that no one can guarantee that any such communications will be confidential.

I understand that my therapist (Laura Marshall, LCSW) will do her professional best to maintain the confidentiality of our communications. In signing this document I give Laura Marshall permission to communicate with me via Skype, email and phone, with the full knowledge that she cannot control the ultimate confidentiality of such communications. I also understand that I can revoke this permission in writing at any time.

Printed name: \_\_\_\_\_

Signed name: \_\_\_\_\_

Date: \_\_\_\_\_