

Information Concerning and Acknowledgment of Informed Consent to Communicate Via Email, Video Calling, or Text

Email, Theranest or Text: There are limitations and risks in connection with the use of email, skype or text communications, including but not limited to privacy, confidentiality, and related limitations and risks.

Please also see the documents entitled, "Clinical Practice Overview and Informed Consent" for additional information and disclosures.

Consent: By my signature below:

- a. I hereby give my informed consent to communicate with Rose Kasrai, LMFT via email, Theranest or text;
- b. I understand that I have the right to refuse or withdraw the informed consent given above;
- c. I acknowledge that I have read and understood all information contained herein and that I have been given an opportunity to ask questions concerning this document;

Signature of Client: _____

Date: _____

Signature of Parent, Guardian or Responsible Party of a Client who is a Minor: _____

Date: _____

Client Information:

Name of Client: _____

Names _____
Last First Middle Other Possible

Date of Birth: _____ Phone: _____

Address: _____

City: _____ State _____ Zip Code: _____