**Karen Davis, LISW**

**Email Communication Informed Consent**

I acknowledge that e-communication is not absolutely confidential by virtue of the nature of the communication. I also acknowledge that email communication does not take the place of face to face or verbal communication with my provider. I accept these risks and acknowledge the limitations of this means of communication.

Client Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**This informed consent is valid for as long as services are being provided by Karen Davis, LISW to the above named individual.**