

Chris Loeckle LISW E-Communication Informed Consent

I acknowledge that e-communication is not absolutely confidential by virtue of the nature of 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 the Chris Loeckle LISW to the above named individual.