

**Gabe Bodzin, LISW/Middle Path Therapy, Inc.
E-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 Gabe Bodzin, LISW/Middle Path Therapy, Inc. to the above named individual.