

THE THERAPY CENTER FOR WELLNESS & RECOVERY LLP



INFORMATION CONCERNING and ACKNOWLEDGMENT of INFORMED CONSENT to  
COMMUNICATE VIA EMAIL

Email: Your Clinical File will include either an annotation of or a copy of all email communications sent to or received by Kathryn Karanja LMSW, CAADC, ADS Kelly Palmer-Albin LMSW, ADS Marie Putnam LMSW in connection with your therapy. There are limitations and risks in connection with the use of email communications, including but not limited to privacy, confidentiality, and related limitations and risks.

Please also see the document entitled, “Client information and Acknowledgment of Informed Consent to Treatment”, for additional information and disclosures.

Consent: By my signature below:

- a. I hereby give my informed consent to communicate with Kathryn Karanja LMSW, CAADC, ADS Kelly Palmer-Albin LMSW, ADS and Marie Putnam LMSW via email;
- 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 understand all information contained herein and that I have been given an opportunity to ask questions concerning this document;
- d. I acknowledge that I have been given a signed copy of this document.

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

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

Parent or Guardian Signature: \_\_\_\_\_

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