

Permission for the Use of Email

Before scheduling the initial session with clients I am required to provide "Informed Consent" intake materials for clients to review and sign, acknowledging their understanding of my policies and practices. In these packets I also need to gather certain information about clients - their contact information, current relationship and family status, relevant medical and psychotherapy history, etc. It is most convenient and expedient for the majority of clients to receive these materials by email, rather than to wait for mailed copies, or to fill them out in person, half an hour in advance of their initial session.

It is also more convenient for many clients to exchange information via email with me about scheduling appointments, than to call my confidential voicemail, even though I recommend the latter. **(603)431-7131**

I do NOT however, recommend that clients send me any detailed emails regarding their confidential treatment issues, as email is not always a secure form of communication. I advise clients to reserve those communications for therapy sessions, or, prior to the first session, through our phone contact.

By signing this form, you individually, or with your partner, are agreeing to the exchange of emails with me for the above informational purposes.

I, _____
(Name)

Email address: _____

I, _____
(Name of spouse or partner)

Email address: _____

agree to the exchange of Email with Susan Lager LICSW, at her Email address:
Couplesctr@gmail.com

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____