

Susan Berlin & Associates

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Consent Form:

Email & Text Messaging & Video

I, _____, give consent to communicate with **Susan Berlin, LICSW, CASAC** via email, text message, Skype, Face Time, Zoom and any other virtual media or computer/telephonic communication. In so doing I realize that all communications using email/text/Skype/Face-Time/Zoom or type of alternative communications is not “safe” and cannot be guaranteed to be confidential. I agree that if I use any or all of these forms of communication with **Susan D Berlin LICSW, CASAC**, that the confidentiality of our communication cannot be guaranteed.

Your Signature

Date

Thank you,

Susan D Berlin, LICSW, CASAC