

# Susan Berlin & Associates

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**Susan Berlin, LICSW, CASAC**  
**www.SusanBerlinandAssociates**

## 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/FaceTime or similar type of alternative communications is not “safe” and cannot be guaranteed to be confidential. Zoom Video Sessions are indeed “safe”. 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.

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Your Signature

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Date

Thank you,  
*Susan D Berlin, LICSW, CASAC*