

SUSAN BERLIN & ASSOCIATES

SUSAN BERLIN, LICSW, CASAC
PSYCHOTHERAPY, HIGH-TOUCH EXECUTIVE COACHING & CONSULTING

COMMUNICATION CONSENT FORM:

VIRTUAL COMMUNICATION, EMAIL & TEXT MESSAGING

I, _____, GIVE CONSENT TO COMMUNICATE WITH SUSAN BERLIN VIA ZOOM. THIS IS SUSAN'S PREFERRED VIRTUAL PLATFORM. ZOOM IS HIPPA PROTECTED AND CONFIDENTIAL.

WITH THE USE OF EMAIL, TEXT MESSAGE, GOOGLE MEET, FACE TIME AND ANY OTHER VIRTUAL MEDIA OR COMPUTER COMMUNICATION – CONFIDENTIALITY CANNOT BE GUARANTEED.

I AGREE THAT IF I USE SOME OR ALL OF THESE FORMS OF COMMUNICATION WITH SUSAN BERLIN, THAT THE CONFIDENTIALITY OF OUR COMMUNICATION CANNOT BE GUARANTEED.

IT IS FURTHER UNDERSTOOD THAT SUSAN BERLIN AGREES TO KEEP ALL INFORMATION DISCUSSED AND EXCHANGED COMPLETELY CONFIDENTIAL AND PROTECTED.

YOUR SIGNATURE

DATE

THANK YOU,
SUSAN D BERLIN, LICSW, CASAC