

# Client-Therapist Communication Consent Form

Client Name:

Date of Birth:

Therapist Name:

## Purpose

## Methods of Communication

- ☐ Phone Call
- ☐ Email
- ☐ Text Message
- ☐ Other

## Confidentiality and Risks

## Consent

- ☐ I consent to communicate with my therapist using the selected methods above.

Client Signature:

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Date:

Therapist Signature:

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Date:

