

JACQUE SIERAD, L.C.S.W.
2660 Townsgate Rd., Ste. 530
Westlake Village, CA 91361
(818) 224-2248
License # LCS 23008

CONSENT TO E-MAIL COMMUNICATIONS

I, _____, request to have access to my therapist, **JACQUE SIERAD, L.C.S.W.**, via electronic communication, including e-mail via the internet. I understand that any such communication with my therapist will be for the sole purpose of scheduling appointments or communicating information to my therapist and **NOT** for the purpose of receiving internet psychotherapy. I also understand that my therapist has taken responsible steps to protect my privacy and confidentiality with the use of a computer firewall and password protection and other safety measures. However, I know there are risks to my privacy in using this method of communication that I accept. My therapist agrees only to respond to my internet communication with her/him and will not initiate any internet dialogues.

For underage minors, all parents/guardians with legal authority must provide signature(s).

Client: _____ Date: _____

Legal Guardian: _____ Date: _____

Legal Guardian: _____ Date: _____

Therapist: _____ Date: _____