



(815)564-8633
lanterntherapy@gmail.com

STATEMENT OF UNDERSTANDING REGARDING TEXTING and EMAILING YOUR THERAPIST

I understand that I may text/email my therapist to schedule appointments and to share brief amounts of information. I also understand that text/email messages are not appropriate means to conduct therapy and cannot substitute for meeting directly with a client.

I have been made aware that my therapist may not be aware of my text/email message immediately; however, she will respond as soon as she/he is able. I have been provided with an emergency 24 hour hotline number in the event of a mental health emergency. I am also aware that this same 24 hour emergency hotline number is available on the number listed above on this form.

I also understand that email and text messages are not secure means of communication.

Printed Name of Patient:

Date of Birth: _____

Signed: _____ Date: _____

Signature of Parent or Guardian:

(If patient is less than 18 years old)

Witness:
