



Katherine Latter Counseling, PC —*seeing you through the seasons of your life*

CONSENT FOR CORRESPONDENCE USING ELECTRONIC MAIL

Client's Full Name _____ Date of Birth _____

I or we, _____ recognize that emails are not confidential, and I or we understand the risks involved in sending information electronically. I or we, recognize that this is not a protected exchange of information. I agree to indemnify and hold harmless, counselor, Katherine Latter, of Katherine Latter, PC against all losses, expenses, damages, and costs, including reasonable attorney's fees, relating to or arising from any information loss due to technical failure. My signature on this document releases my counselor, Katherine Latter, and Katherine Latter, PC from any liability due to unknown errors in electronic transmissions, that do not provide confidentiality, privacy and security of information.

CLIENT PRINTED NAME

DATE

CLIENT EMAIL

CLIENT SIGNATURE
(validating email conversation for the duration of counseling)

If you are a minor, please have legal guardian or parent sign this form.

Your counselor will use reasonable means to protect the security and confidentiality of email information sent and received. Katherine Latter cannot guarantee the security of email communication, and is not liable for improper disclosure of confidential information that is not caused by counselor's intention misuse.

COUNSELOR'S SIGNATURE

DATE