

Loretta M. Lowery, LCSW

**DISCLOSURE STATEMENT REGARDING THE USE OF EMAIL AND
TEXT MESSAGING**

Client Name: _____

With my signature and my initials below, I verify that I have read and understood the following guidelines if I were to choose to communicate through email with my therapist, Loretta M. Lowery, LCSW.

_____ The turnaround time for responding to my email and text messages can vary. Messages requiring answers within the 24 hours following receipt of the message need to be conveyed by telephone.

_____ I understand that the use of email and/or texting to communicate personal information is not absolutely safe. I realize that even though my therapist, Loretta M. Lowery, LCSW uses different methods to protect the information, emails and texts are susceptible to being hacked at any time and, consequently, I cannot hold my therapist, Loretta M. Lowery, LCSW responsible for any unscrupulous action committed by someone else.

_____ I understand that my email and text messages are confidential and no identifying information will be given to someone else. However, if I choose to share the responses given by my therapist with someone else, then I, and I alone, shall be responsible for any consequences arising from my having shared personal information.

Client Signature: _____

Date: _____