



**CONSENT FOR CORRESPONDENCE USING ELECTRONIC MAIL**

I, \_\_\_\_\_, hereby give permission for information transmission and correspondence between myself and my therapist, Sarah Wildwood (DBA Sacred Space Northwest), using electronic mail. I understand the ramifications of this mode of correspondence and acknowledge the limitations and risks involved which do not insure complete protected exchange of private and/or sensitive information. My signature on this document hereby releases my therapist, Sarah Wildwood (DBA Sacred Space Northwest), from liability due to unforeseen errors in electronic transmission that do not provide total privacy and security of information.

Client Email Address: \_\_\_\_\_

Client's printed name: \_\_\_\_\_

(Adult clients, and in case of minors, their legal guardians)

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_