EMAIL CORRESPONDENCE

By signing below, I give authorization to be contacted via email for the purpose of communication regarding myself or my child, whoever is the client.

I also give permission for Playful Nature and/or Khristine Turner Rolfe, LPC, RPT to contact _____ via email.

I understand that email correspondence is not a confidential or secure form of communication and I understand that there is a possibility that someone other than the intended receiver may intercept the correspondence.

Email Address:_____(self)

Email Address:_____(other)

Signature:_____ Date:_____