

Emily Cohen LCSW
773-655-9404

Teletherapy Authorization Form

I understand that absolute confidentiality is unable to be guaranteed by use of phone and video conferencing. However, I agree to proceed with counseling and therapy services in this way. If I have any objection to this method of service provision, I will contact Emily Cohen, LCSW at 773-655-904 and inform her of my wishes.

By signing this form, I acknowledge that I have read, understand, and agree to the information contained on this form.

Client Signature _____ **Date** _____