

Lantern Therapy Services LTD
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Crystal Lake, IL 60014
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STATEMENT OF UNDERSTANDING REGARDING TEXTING and EMAILING YOUR
THERAPIST

I understand that I may text/email my therapist to schedule appointments and to share brief amounts of information. I also understand that text/email messages are not appropriate means to conduct therapy and cannot substitute for meeting directly with a client. I have been made aware that my therapist may not be aware of my text/email message immediately; however, she will respond as soon as she/he is able. I have been provided with an emergency 24 hour hotline number in the event of a mental health emergency. I am also aware that this same 24 hour emergency hotline number is available on my therapist's voicemail (same phone number as text number).

Printed Name of Patient:

Date of Birth: _____

Signed: _____ Date:

Signature of Parent or Guardian:

(If patient is 18 years or younger)

Witness: _____

