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E-MAIL CONSENT

I understand that if I send Daniel Hettleman, Ph.D., P.C. any information over e-mail that my privacy cannot be guaranteed due to the nature of internet communication. Any e-mail that is sent to me or by me may be copied and held by any or all computers through which it passes as it is transmitted. People not participating in our communications may intercept our communications by improperly accessing either of our computers or another computer unconnected to either of us through which the e-mail is passed.

I understand that if I choose to communicate with Dr. Hettleman via e-mail, he is participating in the electronic communication via my request and my consent. I understand that I can revoke this consent at any time.

I understand that Dr. Hettleman does not discuss therapeutic information over e-mail.

I understand that Dr. Hettleman does not accept cancellations via e-mail.

I also understand that Dr. Hettleman may not be able to reply to my e-mail at all, or within 72 hours, and that it may be most therapeutic to discuss information in person or at minimum over the phone.

I have read and understood the above information and wish to exchange communications with Daniel Hettleman, Ph.D., P.C., via e-mail.

Name of client: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signatures: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_

\_\_\_\_\_ Date

My e-mail address: \_\_\_\_\_