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## Release for Email and Text Communication

Communication via email and text are not secure. As a result, there is the possibility that information contained in emails and texts could be intercepted and read by other parties other than parties to whom they are addressed.

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### CLIENT please complete the following:

By signing below, I acknowledge that there are privacy risks associated with email and texting.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth

I give permission for Cheryl Rowan Speech Therapy to text me at the following number(s):

\_\_\_\_\_  
\_\_\_\_\_

I give permission for Cheryl Rowan Speech Therapy to email me at the following email address(es):

\_\_\_\_\_  
\_\_\_\_\_