



INSPIRING HEALING AND HOPE COUNSELING AND DEVELOPMENT CENTER, LLC

Communication Addendum to the Informed Consent Agreement

Secure and private communication cannot be fully assured utilizing cell/smart phone or regular email technologies. It is the client' right to determine whether communication using non-secure technologies may be permitted and under what circumstances. Use of any non-secure technologies to contact Inspiring Healing and Hope Counseling and Development Center, LLC will be considered to imply consent to return messages to client via the same non-secure technology, pending further clarification from client. Please check below which modes of communication are permitted and which are not permitted. This consent may be altered at any tome should circumstances or preferences change.

In the event that client choose not to allow non-secure modes of communication, contact will only be made via wire to wire, wire to wire fax, or mail.

Voice communication to client's cell/smart phone for:

- Scheduling appointments Permitted Not Permitted
- Appointment reminders Permitted Not Permitted
- Between session contact Permitted Not Permitted

Voice communication from Inspiring Healing and Hope Counseling

- Scheduling appointments Permitted Not Permitted
- Appointment reminders Permitted Not Permitted
- Between session contact Permitted Not Permitted

Fax communication to client's non-secure fax or E-fax for:

- Scheduling appointments Permitted Not Permitted
- Appointment reminders Permitted Not Permitted
- Between session contact Permitted Not Permitted

If permitted, list permitted fax number (s): _____

Text communication to client' cell/mart phone for:

- Scheduling appointments Permitted Not Permitted
- Appointment reminders Permitted Not Permitted
- Between session contact Permitted Not Permitted

Text communication from Inspiring Healing and Hope Counseling cell/smart phone

- Scheduling appointments Permitted Not Permitted
- Appointment reminders Permitted Not Permitted
- Between session contact Permitted Not Permitted





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Contact via the client' email

- Scheduling appointments _____ Permitted _____ Not Permitted
- Appointment reminders _____ Permitted _____ Not Permitted
- Between session contact _____ Permitted _____ Not Permitted

If permitted, list permitted email address(es): _____

Teleconferencing based communication to client's portal for:

- Scheduling appointments _____ Permitted _____ Not Permitted
- Appointment reminders _____ Permitted _____ Not Permitted
- Between session contact _____ Permitted _____ Not Permitted

If permitted, list permitted portal site(s): _____

Teleconferencing based communication from Inspiring Healing and Hope Counseling portal for:

- Scheduling appointments _____ Permitted _____ Not Permitted
- Appointment reminders _____ Permitted _____ Not Permitted
- Between session contact _____ Permitted _____ Not Permitted

If permitted, list permitted portal site(s): _____

Statement of Validation.

I have read this Statement of Service, it has been adequately explained to me, and I understand it contents.

By Client(s)

Print Name Here

Sign Here

Date

Print Name Here

Sign Here

Date

