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

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, lit 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)

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Print Name Here Sign Here Date

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Print Name Here Sign Here Date