

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's right to determine whether communication using non-secure technologies may be permitted and under what circumstances. Use of any non-secure technologies to contact Hannah Hawkins-Esther LCSW, 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 time should circumstances or preferences change. These communications are to be limited to administrative concerns, i.e. changing appointments. **Sensitive clinical material or emergency concerns are to be communicated via direct voice communication phone call.

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

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

Scheduling appointments	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Appointment reminders	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Between session contact	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted

Voice communication from Hannah Hawkins-Esther's cell/smart phone for:

Scheduling appointments	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Appointment reminders	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Between session contact	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted

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

Scheduling appointments	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Appointment reminders	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Between session contact	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted

If permitted, list permitted fax numbers): _____

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

Scheduling appointments	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Appointment reminders	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Between session contact	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted

Text communication from Hannah Hawkins-Esther's cell/smart phone for:

Scheduling appointments	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Appointment reminders	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Between session contact	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted

Contact via the client's email

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

If permitted, list permitted email address(es) _____

Additionally please indicate if you would like to receive an occasional email from me regarding other services or classes I am offering: Y or N

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 Hannah Hawkins-Esther'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): _____

Statement of Validation.

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

Client Print & Sign Name(s) Here _____

_____ **Date** _____

HANNAH HAWKINS-ESTHER LCSW _____ **Date** _____

