

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 Beverly Matthews, LPC, 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.

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 Permitted Not permitted
Appointment reminders Permitted Not permitted
Between session contact Permitted Not permitted

Voice communication from Beverly Matthews' cell/smart phone for:

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 numbers): _____

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

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

Text communication from Beverly Matthews' cell/smart phone for:

Scheduling appointments Permitted Not permitted
Appointment reminders Permitted Not permitted
Between session contact Permitted 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): _____

Teleconferencing based communication to client's portal 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 portal site(s): _____

Teleconferencing based communication from Beverly Matthews' portal 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 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(s)

| | | |
|------------------------|------------------|-------------|
| Print Name Here | Sign Here | Date |
|------------------------|------------------|-------------|

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| Print Name Here | Sign Here | Date |
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| Print Name Here | Sign Here | Date |
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| Print Name Here | Sign Here | Date |
|------------------------|------------------|-------------|

Beverly Matthews

| | | |
|------------------------|------------------|-------------|
| Print Name Here | Signature | Date |
|------------------------|------------------|-------------|