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 Jan Q. Clinician, 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.

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 Jan Q. Clinician’s 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 number(s): ________________________

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 Jan Q. Clinician’s cell/smart phone:

- 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 ___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 Jan Q. Clinician’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.

By Client(s)

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By Jan Q. Clinician

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