

ELECTRONIC COMMUNICATION

Secure and private communication cannot be fully assured utilizing cell/smart phone; email or other electronic technologies. It is the client’s right to determine whether communication using non-secure technologies may be permitted and under what circumstances. Use of non-secure technologies to contact your Counselor 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 of preferences change. If 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 regular mail utilizing the address provided on page one of this document. Centered for Life, Inc, AKA CFL as shown below.

Voice Communication to client’s cell/smart phone for:

Scheduling Appointments ___Allowed ___Not allowed
Appointment Reminders ___Allowed ___Not allowed
Between Session Contact ___Allowed ___Not allowed

If permitted, list permitted number(s): _____

Voice Communication from CFL Counselor/Office's cell/smart phone for:

Scheduling Appointments ___Allowed ___Not allowed
Appointment Reminders ___Allowed ___Not allowed
Between Session Contact ___Allowed ___Not allowed
Authorized 3rd-Party Contact ___Allowed ___Not allowed

Text Communication to client’s cell/smart phone for:

Scheduling Appointments ___Allowed ___Not allowed
Appointment Reminders ___Allowed ___Not allowed
Between Session Contact ___Allowed ___Not allowed

Text Communication from CFL Counselor/Office's cell/smart phone for:

Scheduling Appointments ___Allowed ___Not allowed
Appointment Reminders ___Allowed ___Not allowed
Between Session Contact ___Allowed ___Not allowed
Authorized 3rd-Party Contact ___Allowed ___Not allowed

Teleconferencing based communication to client’s portal/cell/smart phone for:

Scheduling Appointments ___Allowed ___Not allowed
Appointment Reminders ___Allowed ___Not allowed
Between Session Contact ___Allowed ___Not allowed

If permitted, list permitted site/app(s): _____

Teleconferencing based communication from CFL Counselor/Office's portal/cell/smart phone for:

Scheduling Appointments ___Allowed ___Not allowed
Appointment Reminders ___Allowed ___Not allowed
Between Session Contact ___Allowed ___Not allowed
Authorized 3rd-Party Contact ___Allowed ___Not allowed

If permitted, list permitted site(s) or methods: _____

Contact via the client's email for:

Scheduling Appointments	<input type="checkbox"/> Allowed	<input type="checkbox"/> Not allowed
Appointment Reminders	<input type="checkbox"/> Allowed	<input type="checkbox"/> Not allowed
Between Session Contact	<input type="checkbox"/> Allowed	<input type="checkbox"/> Not allowed

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

Email Communication from CFL Counselor/Office's non-secured/email for:

Scheduling Appointments	<input type="checkbox"/> Allowed	<input type="checkbox"/> Not allowed
Appointment Reminders	<input type="checkbox"/> Allowed	<input type="checkbox"/> Not allowed
Between Session Contact	<input type="checkbox"/> Allowed	<input type="checkbox"/> Not allowed
Authorized 3rd-Party Contact	<input type="checkbox"/> Allowed	<input type="checkbox"/> Not allowed

Statement of Validation

I have read the statement of services regarding non-secure electronic communication, it has been adequately communicated to me, and I understand the contents and limits to confidentiality.

By Client(s):

Client 1/Parent/Legal Guardian - Printed Name: _____

Client 1/Parent/Legal Guardian - Signature and date: _____

Client 2/Parent/Legal Guardian - Printed Name: _____

Client 2/Parent/Legal Guardian - Signature and date: _____

By Centered for Life, Inc Counselor/Staff:

Signature and date: _____