

## **Jini F. P. Tyler, LCSW, LLC**

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### **Communication Addendum to the Informed Consent Agreement**

Secure and private communication cannot be fully assured while 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 Jini F. P. Tyler, 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.

Check off any and all forms of communication which are permitted to use:

Cell phone number: \_\_\_\_\_

- Voice call to your cell phone for scheduling appointments
- Voice call to your cell phone for automated appointment reminders
- Voice call to your cell phone for between session contact
- Is it permitted to leave a confidential voicemail on your cell phone

Cell number for texting, if different from above: \_\_\_\_\_

- Text communication to client's cell phone (from Therapist's cell phone and/or from the Provider's billing company) for scheduling appointments
- Text communication to client's cell phone (from Therapist's cell phone and/or from the Provider's billing company) for appointment reminders
- Text communication to client's cell phone (from Therapist's cell phone and/or from the Provider's billing company) for between session contact

Email address: \_\_\_\_\_

- Contact via the client's email for scheduling appointments
- Contact via the client's email for automated appointment reminders
- Contact via the client's email for between session contact
- Teleconferencing based communication from Therapist's portal for telehealth services
- Email based communication from your Therapist's portal for secure client portal creation and use

Fax number (if applicable): \_\_\_\_\_

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

**Statement of Validation.**

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

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**Client (Printed)**

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**Date**

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**Client (Signature)**

**Relationship to client:**

Self    Parent    Legal guardian    Other person authorized to act on behalf of the client

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**Therapist (Signature)**

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**Date**