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AUTHORIZATION TO SEND TEXT MESSAGES

By signing this form, I authorize Freedom's Hope Counseling, LLC, (FHC) to send text messages to my cell phone to convey information regarding general questions, late arrival, illness, or cancelations. I understand that standard text messaging rate will apply to any messages received from FHC. I also understand that I or FHC may revoke this permission in writing at any time. I agree not to hold FHC liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number or cell provider changes I will inform FHC.

Initial _____ I decline and **DO NOT** want to receive text messages at this time.

Initial _____ I accept and **DO** want to receive text messages.

Name: _____ Cell Phone #: _____

Initial _____ This permission form will remain in effect for the duration of my professional contact with Freedom's Hope Counseling, LLC, or until revoked in writing by me or FHC.

Signature: _____ Date: _____

Privacy Disclaimer: This text message is provided as Services to clients of FHC to give important information in a timely manner. Your information will not be sold, distributed, or in any other way shared with entities or affiliates outside of FHC.

AUTHORIZATION TO SEND EMAIL MESSAGES

By signing this form, I authorize Freedom's Hope Counseling, LLC, (FHC) to send and receive email messages to my cell phone or computer to convey information regarding general information, announcements, illness or cancelations. I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions of use of electronic communication services more fully described in the Appendix to this consent form. I understand and accept the risks outlined in the Appendix to this consent form, associated with the use of the Services in communications with FHC and FHC staff. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as any other conditions that FHC impose on communications with clients using the Service.

I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with FHC and FHC staff using the Services may not be encrypted. Despite this, I agree to communicate with FHC and FHC staff using this Service, with full understanding of the risk.

I acknowledge that either I or FHC may, at any time, withdraw the option of communicating electronically through the Services upon providing written notice. Any questions I had have been answered.

Initial _____ I decline and **DO NOT** want to receive emails at this time.

Initial _____ I accept and **DO** want to receive emails.

Email: _____

Initial _____ This permission form will remain in effect for the duration of my professional contact with Freedom's Hope Counseling, LLC, or until revoked in writing by me or FHC.

Signature: _____ Date: _____

APPENDIX – Risks of using electronic communication:

FHC will use reasonable means to protect the security and confidentiality of information sent and received using the Services (“Services” are defined in the attached Consent to use electronic communications). However, because of the risks outline below FHC cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communications that pass through their system.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of FHC or the client.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using services such as Skype or FaceTime may be more open to interception than other forms of videoconferencing such as Zoom.

If the email or text is used as an e-communication tool, the following are additional risks:

- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

Conditions of using the Services:

- While FHC will attempt to review and respond in a timely fashion to your electronic communication, FHC will make every effort to respond to communications within 48 hours business hours, FHC cannot guarantee that all electronic communications will be reviewed and responded to within any specific period time. The Services will not be used for mental health emergencies or other time-sensitive matters other than cancellations.
- If your electronic communication requires or invites response from FHC and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic communication and when the recipient will respond.
- Electronic communication is not an appropriate substitute for in-person or over-the-phone communication or clinical dialogue, where appropriate, or for attending the Emergency Department when needed. You are responsible for following up on FHC’s electronic communications and for scheduling appointments where warranted.

- FHC staff or professional note services such as Therapy Notes may be involved in the delivery and administration of your care. FHC might use one or more of the Services to communicate with those involved in your care. FHC will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- You and FHC will not use the Services to communicate sensitive medical information about matters including: Treatment Plans; Mental Health Diagnosis; Developmental Disabilities; Therapeutic dialogue; and/or, Substance Abuse.
- You agree to inform FHC of any types of information you do not want sent via the Services, in addition to those set out above. You can add to or modify the above list at any time by notifying FHC in writing.
- Some Services might not be used for therapeutic services purposes or to communicate clinical information. Where applicable, the use of these Services will be limited to education, information, and administrative purposes.
- FHC is not responsible for information loss due to technical failures associated with your software or internet Services provider.

Instructions for communication using the Services:

To communicate using the Services, you must:

- Reasonably limit or avoid using an employer’s or other third-party computer or phone.
- Inform FHC of any changes in the client’s email address, mobile phone number, or other account information necessary to communicate via the Services.

If the Services include email, instant messaging and/or text messaging, the following applies:

- Include in the message’s subject line an appropriate description of the nature of the communication, your full name in the body of the message and Identification authentication.
- Review all electronic communications to ensure they are clear and that all relevant information is provided before sending to FHC.
- Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by email or written communication to FHC.

I have reviewed and understand all of the risks, conditions, and instructions described in this Appendix.

Signature: _____

Date: _____

ID Authentication: _____