



### Wilheit Services

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 your clinician 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.

\*We are happy to communicate with you via e-mail if that is convenient for you. To insure that your privacy is protected, please be aware of the following:

- \*We use an encrypted service.
- \*Emails received, may or may not become a part of the client's permanent record.
- \*We recommend you use an e-mail account that is not associated with your workplace so that your privacy is insured.
- \*We recommend that if you have a life threatening emergency, you call an ambulance or go to the nearest emergency room.
- \*We cannot prevent someone from hacking into, or viewing your email account.
- \*Be aware that misunderstandings are possible with text-based modalities such as email (since nonverbal cues are relatively lacking).

Please circle: Permission is to contact the client, a minor client, the parent(s)/guardian of a minor client.

Client's phone number/email address: \_\_\_\_\_

Minor client's phone number/email address: \_\_\_\_\_

Parent(s)/Guardian's phone number/email address: \_\_\_\_\_

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

Scheduling appointments      \_\_\_\_\_ Permitted      \_\_\_\_\_ Not permitted

- Appointment reminders \_\_\_\_\_ Permitted \_\_\_\_\_ Not permitted
- Voice communication from clinician’s cell/smart phone for:
- Scheduling appointments \_\_\_\_\_ Permitted \_\_\_\_\_ Not permitted
- Appointment reminders \_\_\_\_\_ Permitted \_\_\_\_\_ Not permitted
- Text communication to client’s cell/smart phone for:
- Scheduling appointments \_\_\_\_\_ Permitted \_\_\_\_\_ Not permitted
- Appointment reminders \_\_\_\_\_ Permitted \_\_\_\_\_ Not permitted
- Text communication from clinician’s cell/smart phone for:
- Scheduling appointments \_\_\_\_\_ Permitted \_\_\_\_\_ Not permitted
- Appointment reminders \_\_\_\_\_ Permitted \_\_\_\_\_ Not permitted
- Contact via the client’s email
- Scheduling appointments \_\_\_\_\_ Permitted \_\_\_\_\_ Not permitted
- Appointment reminders \_\_\_\_\_ Permitted \_\_\_\_\_ Not permitted

**Statement of Validation**

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

**You are agreeing to the contacts you have indicated on this form as a means to contact you, or your child by signing below:**

By Client(s)

_____	_____	_____
Print Name Here	Sign Here	Date
_____	_____	_____
Print Name Here	Sign Here	Date

By Clinician

_____	_____	_____
Print Name Here	Signature	Date

_____	_____
Signature (Parent/Guardian)	(Date)

_____	_____
Signature (Parent/Guardian)	(Date)

