

Capital Valley Counseling Associates, LLC
8 Centre St. * Suite 2 * Concord, NH 03303 * (603)228-7300

Communication Addendum

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 employees of Capital Valley Counseling Associates, LLC, will be considered to imply consent to return messages to client via the same non-secure technology, pending 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. *Recording of sessions by Clinician or Client is prohibited.

*Missed or cancelled sessions will be charged as noted in the financial agreement.

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.

	Permitted (Initial)	Not Permitted (Initial)
Voice communication to client's cell/smart phone for: Scheduling appointments, appointment reminders, and between session contact:		
Voice communication from Clinician's cell/smart phone for:		
Contact via client's unencrypted email, including attachments, for scheduling appointments, appointment reminders and between session contact:	List email addresses if permitted:	
Contact via Clinician's unencrypted email, including attachments, for scheduling appointments, appointment reminders and between session contact:		
Teleconferencing based communication to client's portal for scheduling appointments, appointment reminders, and therapy sessions if client or clinician are unable to attend in person.	List portal site if permitted	
Teleconferencing based communication from Clinician's portal for scheduling appointments, appointment reminders, and therapy sessions if client or clinician are unable to attend in person.	List portal site if permitted Zoom Doxy.me	

I acknowledge that I have read, understand and am in agreement with the above.

Client Signature _____ Date _____

Therapist _____ Date _____