



Electronic Communication Informed Consent

At Hope, Healing, & Happiness Counseling Services, LLC (“Provider”, “we”, “our”, or “us”), we utilize various forms of electronic communications, including e-mail, SMS (text) messaging, telephone, and other forms of media, to communicate to our clients. These methods may be used to communicate and transmit information regarding billing and payment issues, appointment scheduling and cancellation, as well as treatment-related matters where appropriate.

This Electronic Communication Informed Consent notice and acknowledgement (“E-Communication Notice and Consent”) is intended to give you additional information regarding our electronic communication practices, and to provide you with the opportunity to opt-out of the use of certain forms of communications if you choose to do so. Among other forms of electronic communication, we may communicate with our clients in certain situations using a Google Voice telephone number or Gmail e-mail account, as well as other unencrypted forms of communication such as text messaging. By consenting to use any method of electronic communication set forth in this E-Communication Notice and Consent, either as a sender or recipient, you acknowledge that you have read and understand the information provided herein, and are aware of the risks associated with communication through electronic means, including without limitation the risk of security or data breaches or unauthorized access to your personal health and/or financial information or interception of such information by third-parties. You also understand that confidentiality and patient-provider privilege may not be preserved when communicating electronically. While you may revoke your consent to the use of electronic forms of communication (either specific methods, or all forms of electronic communication), you must do so in writing by signing a new E-Communication Notice and Consent indicating your decision to opt-out.

By initialing (both parent/guardian and adolescent if applicable) in each space below, you agree and acknowledge that:

_____ The following forms of electronic communication may be used by Provider to communicate with me and to provide information relating to payment and billing issues, appointment scheduling and cancellation, among other matters: E-mail, SMS (text) messaging, facsimile, telephone, voicemail, and other video and/or audio platforms.

_____ I understand that E-mail, text messaging, and other forms of electronic communication which may be used, are not encrypted and may not be secure. I understand and acknowledge that there are risks associated with the use of these forms of electronic communication, including without limitation the risk of interception by third-parties or other unintended recipients, as well as security and/or data breaches.

_____ I understand that Provider **cannot** guarantee the confidentiality or security of any records or information that I send or receive via E-mail, text message, or other forms of electronic communication, and for that reason, Provider has advised me not to send sensitive information via E-mail, text message, or such other forms of electronic communication, including information about past or current symptoms, conditions, treatment, or any other personal or financial information such as social security numbers, insurance information, credit card or other payment information, among other things. I understand that if such information is exchanged electronically, it is possible that personal health information may be identifiable within the information transmitted (for example, in the case of treatment and/or billing codes transmitted electronically). I understand and agree that any request for Provider to share personal health information or other sensitive information electronically will be at my sole and exclusive risk and that Provider shall not



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be liable in any way for transmitting or otherwise providing such information electronically at my request (ex. requests for billing statements, insurance information or paperwork, sharing of treatment assignments or goals, etc.).

_____ I agree that by contacting or otherwise initiating any communication with Provider via any form of electronic communication, I consent to Provider’s use of such form of communication to respond to me and provide information to me regarding the subject matter of my communication and other related issues, and that such consent is provided even if I have opted out of use of any type of communication below.

_____ I understand that Provider will limit communications via text message to brief inquiries, notices, or responses regarding scheduling and will not discuss medical conditions or treatment-specific matters via text message, and that I should not initiate conversations which involve sensitive information via text message.

_____ I understand that Provider **cannot** guarantee the reliability of any form of electronic communication, including without limitation E-mail and text messaging, and that all forms of electronic communication are subject to interruption or outages in service. Therefore, I understand that E-mail and text messaging should not be used for urgent or time sensitive matters, as technical issues or other factors may prevent Provider’s receipt of my message or Provider’s ability to provide a timely response. I understand that if I use E-mail, text message, or any other form of electronic communication to notify Provider of any request to reschedule or cancel an appointment, it is my responsibility to confirm that Provider has received my communication prior to the deadline set forth in Provider’s Cancellation Policy, and that cancellation fees due under such policy will still apply unless I have confirmed with Provider that such communication has been received.

_____ I understand that I am able to opt-out of use of some, or all forms of electronic communication by indicating which forms of communication are not to be used, in the section titled Excluded Communications below. I also understand that I may revoke my consent to the use of electronic communications in the future *but that in order to do so I must sign a new E-Communication Notice and Consent identifying which forms of communication I no longer consent to the use of.*

_____ I understand that if I opt-out of the use of electronic communications, I will be required to communicate with Provider and receive all information in person or by mail for all purposes, including all billing and/or payment related matters, insurance inquiries, and scheduling issues including appointment rescheduling and cancellation requests, among other things.

Excluded Communications – I opt out of the use of the following forms of communication and will not communicate with Provider by using any of the following:

I opt out of all forms of electronic communication

I have read this E-Communication Notice and Consent and understand all of the terms set forth above.

Signature of Child or Adolescent

_____ Date: _____
Signature of Client or Responsible Party

Printed name

Printed name