

Holston Center for *Wellbeing*

Kathy T. Heustess, MAR, MSW, LCSW
Office: (865) 692-2390

Communication Authorization Form

Completion of this document authorizes the office of Kathy T. Heustess to contact you to leave certain information on your phone messaging system, e-mail or text messaging. Although every precaution will be taken by the Holston Center for Wellbeing to ensure confidential communication with you, there are inherent risks involved with each of these methods, some of which are mentioned here. Please read and complete each section. This office will not communicate or respond to your requests (through e-mail or text messaging) until you have signed this authorization form permitting us to do so. You may revoke this authorization at any time and you have a right to a copy of this authorization. Please note that refusal will not affect your ability to obtain counseling.

Client Name: _____ Date: _____

TELEPHONE (voicemail)

RISKS: Conversations on cellphones can be intercepted by third parties. Voice messages on phone systems can be accessed by other users (family, co-workers, etc.) Provide only those numbers where contact is permitted or preferred. Please note that all urgent communication will be conducted by telephone and if you opt to decline permission to leave messages, we will make reasonable attempts (within normal business hours) to reach you prior to your next appointment.

I hereby authorize the office of Kathy T. Heustess to call the following telephone/cell numbers:

Cell: _____

Home: _____

Other: _____ (please specify)

and leave a detailed message/voicemail with the following information:

- Appointment time (schedule, change or cancel)
- I further authorize the office of Kathy T. Heustess to leave messages about appointment times (confirmation, changes or cancellations) with the following person(s)

_____ name

_____ relationship

_____ name

_____ relationship

- I **DECLINE**. Please do not leave any messages.

Over — please complete other side

ONLINE COMMUNICATION (e-mail)

RISKS: It is possible that e-mail messages may not be sent or received through a “secure” or encrypted service. I understand that it is easier for online communication to be forwarded, intercepted, or even changed without my knowledge. By using a standard e-mail or e-mail system provided by an employer, I understand that employers have a right to inspect and keep online communication transmitted through their system. I know that messages left on my screen may be viewed by others. I understand that online communication should not be used to communicate highly sensitive and very confidential messages. Urgent messages should not be communicated through email.

I hereby authorize the office of Kathy T. Heustess to use the following email address

_____ and send or respond to detailed messages with the following information:

- Appointment time (schedule, change or cancel)
- I **DECLINE**. Please do not send any e-mail messages.

TEXT MESSAGING (texting)

RISKS: Text messages can be circulated, forwarded or stored in electronic files. Senders can easily misaddress a text message and therefore be immediately broadcast and received by unintended recipients. Text messages can be intercepted, altered, forwarded without detection or authorization. Text messages can also be lost in transmission.

I hereby authorize the office of Kathy T. Heustess to use the following address(es)

Cell: _____ Email: _____

and leave a detailed message with the following information:

- Appointment time (schedule, change or cancel)
- I **DECLINE**. Please do not send any text messages.

APPOINTMENT REMINDER NOTIFICATION

Please indicate your preference for appointment reminders ranked 1 - 3 (1 being preferred, 3 being least preferred). We will contact you using your preferred method, however should that fail we will use the next method you’ve chosen.

_____ **Cell/Home** _____ **Email** _____ **Text**

ACKNOWLEDGEMENT

I have read and fully understand this consent form. I understand the risks as outlined above. I understand that it is my responsibility to provide updated contact information (telephone numbers, e-mail and text messaging addresses) if I choose to be contacted.

Client signature: _____ Date: _____

Counselor signature: _____