

Dawn Irons M.A., LPC

www.HopeHarborTX.com

Contact Consent Form

I, _____ give the counseling center and the staff permission to contact me in the following ways:

Email: _____

Text Message: _____ (cell number)

Cell Phone Carrier: _____.

If online sessions, SKYPE: YES NO

Phone Call:

Is it okay to leave voice message?

Home: _____

YES NO

Cell: _____

YES NO

Work: _____

YES NO

Disclaimer: *There is the potential in all electronic forms of communication that information may be intercepted by a third party. There is no way to guarantee 100% confidentiality in the means of electronic communication. If your phone/computer is lost or stolen any communication may be accessible to the person in possession of your device. Your cell provider will have documentation of phone calls/texts to or from Hope Harbor on your billing statement. Voice mail messages can be answered by other people if they are not password protected.*

I understand the above disclaimer and give my consent for the counseling center to contact me by the methods I have selected.

Client: _____ **Date:** _____