

**CLIENT CONTACT INFORMATION**

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

I (client) do \_\_\_\_\_ do NOT \_\_\_\_\_ consent to communication via US postal mail.

**Phone Number(s)** : (home, office or cell?) \_\_\_\_\_

Regular **text messages**/SMS may be subject to privacy breach. For this reason, Andrea strongly prefers the use of an app called Signal, which offers encryption and does not store message content. Please refer to [www.signal.org](http://www.signal.org) .

I (client) understand the potential risks of regular/SMS texting. (initials) \_\_\_\_\_

I (client) consent to the use of  
regular SMS texting despite the potential for privacy breach: \_\_\_\_\_  
Signal texting app \_\_\_\_\_

**OR**

I (client) do NOT consent to the use of text messages in my treatment with Andrea Bell, and instead choose to use phone calls for communication between sessions. I understand that if I initiate communication with Andrea via text message, she may respond via text message.  
\_\_\_\_\_ (client initials)

**EMAIL:** \_\_\_\_\_

I (client) do \_\_\_\_\_ do NOT \_\_\_\_\_ consent to communication via email.

**EMERGENCY CONTACT**

Name of contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (client), hereby give my consent for Andrea Bell, LCSW, to contact the above-named person (emergency contact) for urgent or emergency purposes, at her discretion. This may include a potential medical emergency, or any other circumstance in which she has reason to be concerned about my welfare or well-being. I understand that I may revoke this consent in writing at any time.

I also agree to discuss with Andrea Bell, any concerns I have regarding this form.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_