



COUNSELING AND CONSULTING, LLC

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## Communications Agreement

Client's name: \_\_\_\_\_

I understand that as part of my health care, the above-named clinician and/or other employees of Mind Your Mind Counseling & Consulting will need to contact me from time to time for the purposes of reminding me of an appointment, relaying the tests results, or for other reasons. I understand that Mind Your Mind Counseling & Consulting LLC will use the minimum necessary information needed when they communicate with me indirectly. I understand that I can revoke or amend this agreement at any time. Any revocation or change will not apply to communications already complete.

*(PLEASE PRINT CLEARLY)*

***Check one for your preferred phone number for appointment confirmation:***

Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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E-mail: \_\_\_\_\_

***(For psychotherapy reports, sending them encrypted within an email allows you to receive the report as soon as possible)***

I hereby authorize clinician and/or other employees of Mind Your Mind Counseling & Consulting to contact me in any of the above ways. I understand that Mind Your Mind Counseling & Consulting does NOT communicate via text messaging. By providing the telephone numbers above, I give permission for voices messages to be left.

\_\_\_\_\_  
Client's or legal Guardian's signature

\_\_\_\_\_  
Date