



Communication Policies

1. Written and Verbal Communication

Communication via email, text, and secure messaging is limited to scheduling and other administrative concerns. I find verbal communication to be more effective and efficient to discuss therapeutic questions, concerns, progress updates, and recommendations. These issues can be discussed via phone or in-person after the session or in a separate meeting. I can provide written documentation of phone calls or meetings at your request.

2. Secured Communication Methods

Protecting your health information is a priority for me. I subscribe to a secure portal and messaging system that can allow us to communicate more privately through the use of encryption and other privacy technologies. You will receive an invitation to join my portal, which you can use to upload documents that you want to share with me, download billing documents and reports, and pay your fees. You can also send me a secure message by logging in and clicking on the conversation bubble at the top right of your portal screen.

3. Response Time

If you secure message or email me, you can generally expect a 48 hour response time within the days I work. If you require an urgent response, please call or text me.

4. Contact Information

-Email: anne@hoothootot.com

-Phone: 415-996-7877

-Portal address for secure messaging and uploading or downloading documents:
<https://hoothootot.clientsecure.me>

I acknowledge receipt of and agree to the communication policies described above. I consent to the use of this email address for secure portal and messaging:

Email: _____

(Signature)

(Date)





Option to Communicate via Non-secured Methods

If you prefer that I transmit your health information, including communication about scheduling, billing documents, and/or reports, via traditional email or text message, you can indicate this preference below. Please note that if you do not complete this form, I am unable to respond to emails or text messages, or send you any health information via email.

I understand the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that Anne Swart/HOOT HOOT OT makes available to me a client portal with secure messaging service that is designed to be secure and to maintain confidentiality. I understand that I am not required to sign this agreement in order to receive treatment and that I may terminate this authorization at any time.

I authorize Anne Swart / Hoot Hoot OT to transmit to me by non-secure media the following types of protected health information related to the health records and health care treatment of my child (please select all that apply).

Information related to the scheduling of meetings or other appointments.

Information related to billing and payment.

Information and documents related to my child's health record, including reports, recommendations, and other suggestions.

I authorize use of the following email address for email communication.

Email: _____

I authorize use of the following phone number for text messaging.

Phone: _____

(Signature)

(Date)





Photos and Videos

I sometimes take digital pictures or videos of children to be used as part of his or her OT intervention. The images are only used as part of the intervention process and are not used for marketing purposes.

Check here to request that I do not use digital pictures or videos as part of the OT intervention process for your child

I acknowledge receipt of and agree to the photo/video policies described above.

(Signature)

(Date)

