

Hope and Meaning

C O U N S E L I N G

Consent to Communicate

I, _____ consent to communication between Hope & Meaning Counseling and the following individual/organization:

Address/Phone Number: _____

Communications will be for the following purposes:

Communications may take place through phone, email and/or mail services. I can revoke this consent at any time either in writing or verbally.

Client - Print Name

Client - Signature

Date