



iHope Christian Care & Counseling, Inc.
1414 W. Evans St., Florence, SC 29501
(843) 702-0323
www.ihopeflorence.com

Communications Policy

The iHope Center front desk is open Monday through Thursday from 10am – 5pm. All appointments can be scheduled by calling (843) 702-0323. Voicemails will be returned within a business day.

Communication Between You and Your Counselor

- Counseling sessions are only held face-to-face at scheduled appointment times.
- Appointments are scheduled on a first come, first served basis.
- Outside of session, telephone is the preferred method of communication as it is the most confidential.
- Your counselor’s email address is “first name” period “last name” @ihopeflorence.com and the general iHope email address is counseling@ihopeflorence.com. Email should only be used for general questions or rescheduling appointments. Please save therapeutic concerns/questions for your counseling session.
- Session reminders may be sent according to your Intake Form preferences.
- Please cancel as soon as you realize that you have a conflict, so that your counselor can offer that time to another waiting client. Sessions cancelled or rescheduled with less than 24-hours notice will be billed at the regular session rate.

Communication at The iHope Center

- The iHope Executive Director is Jessica Hayes, MS, LPC, LMFT. Per iHope Policies and Procedures, she will be alerted if there are risks of harm. She also will provide general supervision to pastoral counselors, volunteers, and interns at The iHope Center to ensure appropriate care.
- All iHope staff and volunteers are committed to your privacy and confidentiality. Please be aware that The iHope Center uses a shared calendar, for scheduling purposes only.
- If you request for records to be sent to an outside party, we will use a confidentiality statement and send them via email or fax. iHope cannot guarantee how the information will be handled once it is received. You are welcome to pick up and carry documents or request they be mailed.
- You may request copies of your records at \$.25 per page.

Emergency Support

You are welcome to call The iHope Center for unexpected support during office hours, and we will try to support you as best we can. We cannot guarantee the availability of your usual counselor. If you are unable to receive support in a timely manner, please contact your physician, a local emergency room, or the appropriate local police department when necessary and appropriate. **It is the client’s responsibility to seek the appropriate resources in emergency situations. In the event of a medical or psychiatric emergency, call 911.**

I have read and understand the Communication Policies and agree to all policies as stated above.

Client Signature: _____ Date: _____

Print Name

Client Signature: _____ Date: _____

Print Name

Please complete if client is under 18:

Parent/Guardian Signature: _____ Date: _____

Print Name

Counselor Signature: _____ Date: _____