



PASSPORT, a program of
Kirby Creative Clinical Solutions, LLC
3929 Old Lee Hwy; Unit 92-D
Fairfax, VA 22030
703-409-2571
Tax ID # 27-2924949

Agreement to the use of internet communication

I understand that email and text communication is not guaranteed to be secure or confidential. I acknowledge that choosing to communicate about clinical matters with any mental health provider is done at my own risk. I have chosen to provide my email and phone number below in order to communicate with PASSPORT Program staff. I assume any associated risks involved in communicating via email or text about any clinical matters.

I give permission to communicate via email with members of the KCCS PASSPORT Treatment Team.

Client Email Address

Client phone

Client Name PRINTED

Client Signature

Date

Parent / Guardian Email Address

Parent / Guardian phone

Parent/ Guardian Name PRINTED

Parent/ Guardian Signature

Date