ADE, Inc
Dr. Martha Ireland

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703-722-2324
703-327-6933 (fax)

I _____ give ADE, Inc and Dr. Martha Ireland permission to contact me and or leave a message concerning appointments, administrative items or emergency issues via the following methods (please check all methods you approve):

☐	Voice Mail (home)	Provide home#: _____
☐	Voice Mail (cell)	Provide cell#: _____
☐	Voice Mail (work)	Provide work#: _____
☐	Text message (not encrypted)	Provide text #: _____
☐	Email (not encrypted)	Provide email: _____
☐	Postal mail	Provide address: _____
		_____
		_____

Every attempt will first be made to contact you through the Virtual Therapy Connect encrypted email system that meets HIPAA and HITECH regulations.

Print Client Name: _____

Signature: _____ Date: _____