

**DIVINE INTERACTIONS EQUINE FACILITATED WELLNESS, LLC**

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Divine Interactions Equine Facilitated Wellness, LLC is a HIPAA compliant healthcare provider and will not leave a message regardless of the reason unless we have approval for each client. If for any reason, my phone number, address, e-mail address, or insurance changes I will update my information with Divine Interactions Equine Facilitated Wellness, LLC. I accept receiving mail to my mailing address provided. I understand that text/e-mail is **not** a 100% secure method of communication to ensure my privacy and accept all risk involved with these electronic communications. I also understand that text/e-mail are only to be used for scheduling (nonclinical) purposes and will not discuss a clinical concern with my counselor via these methods of communication. I acknowledge that Divine Interactions Equine Facilitated Wellness, LLC utilizes RingRx for HIPAA compliant phone calls and text communications, and Hushmail for HIPAA compliant e-mail communications, and that these are accessed only by Divine Interactions Equine Facilitated Wellness, LLC's counselor, administrative assistant(s), and billing department.

I hereby allow the Divine Interactions Equine Facilitated Wellness, LLC practice staff and business associates to leave a message if necessary for any of the following reasons (please check all that apply):

- Scheduling/Appointment Reminders/Changes \_\_\_\_\_
- Insurance/Billing Questions/Concerns \_\_\_\_\_
- Upcoming Events/Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s) allowed to call: \_\_\_\_\_

Phone Number(s) allowed to text: \_\_\_\_\_

E-mail Address(es) allowed: \_\_\_\_\_

Client Name (Printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_