



**CHANGEINC.**  
A COUNSELING COMPANY

**South Kingshighway Location:  
(HQ/Mailing Address):**  
5859 S. Kingshighway Boulevard  
St. Louis, MO 63109

**Hampton & 44 Location:**  
3640 Hampton Avenue, Suite 204  
St. Louis, MO 63139

## Informed Consent Agreement

### **EMERGENCY DISCLAIMER:**

Change, Inc.'s services are not appropriate for person's needing emergency care. If you are experiencing an emergency at any time before, during, or after treatment, you should call 911 or go directly to your local emergency department for emergency care.

### **COVID-19/OTHER PUBLIC HEALTH CRISES PROVISIONS & EXPECTATIONS:**

#### **Decision to Meet Face-to-Face**

Generally speaking, research points to the importance of a variety of factors in determining a successful therapeutic outcome, chief among them is the ability to build what is known as the "therapeutic alliance" (Lynch, 2012), defined by Teyber & Teyber (2011) as a partnership where both counselor and client agree on shared goals, work together on tasks designed to bring a positive outcome, and establish a relationship built on trust, acceptance, and empathy. In short, Change, Inc. espouses a strong preference for in-person sessions when possible. However, global public health crises may require that we meet via telehealth (for more information on this, please see "CONFIDENTIALITY/PERSONAL HEALTH INFORMATION" below).

#### **Client Risks of Opting for In-Person Services**

By opting to come to any of our physical locations, you are assuming the risk of exposure to the coronavirus (or other communicable diseases). This risk has always been present, but COVID-19 makes the ramifications more tangible, concrete, and undeniable. Change, Inc. strongly encourages clients to consider their options accordingly.

#### **Client Responsibility to Minimize Risk to Self, Attending Counselors, Other Clients**

Clients who attend in-person sessions agree to take certain precautions to prevent the ramifications of exposure for yourself and others. If clients are found determined to have failed adhere to these safeguards, Change, Inc. reserves the right to require telehealth sessions or other actions at its sole discretion. By attending sessions and/or signing your agreement to this section, you consent that you will:

- Not attend appointments if you have known COVID-19 diagnoses in your physical proximity at home (e.g., someone has been diagnosed with COVID-19 who lives in your home) or vocational setting (e.g., someone who works with persons who have COVID-19 or who

- works in settings with COVID-19 positive persons).
- Only keep your in-person appointment if you are COVID-19 and other disease-symptom free.
  - Check your own temperature before coming to each appointment, and if it is elevated (100 Fahrenheit or more), or if you have other symptoms of the coronavirus, you agree to use telehealth sessions in lieu of in-person.
  - Make minimal use of the waiting room, instead waiting in your car or outside until no earlier than 5 minutes before our appointment time.
  - Wash your hands or use alcohol-based hand sanitizer when you enter the building.
  - Adhere to COVID-19/social-distancing/required personal protective equipment specifications required by Change, Inc., St. Louis City, Missouri, and federal guidelines.
  - Wear a protective face mask in all areas of our physical locations.
  - Come to sessions alone or with your partner(s) who is also attending sessions (i.e., no additional non-therapy-attending guests may enter the building).
  - Take steps between appointments to minimize your exposure to COVID-19
  - If a medical provider or otherwise in any job, role, situation, or activity that directly exposes you to COVID-19 infected persons, attend sessions via telehealth only.
  - If a resident of your home tests positive for the infection, immediately notify Change, Inc. and resume treatment via telehealth.

The above list may change in keeping with new developments or further directives from local, state, or federal agencies.

### **Right to Refuse Treatment**

Clients who attend in-person appointments who show signs or symptoms of COVID-19 will be required to discontinue treatment in-person until a clean bill of health has been obtained and documented.

### **Confidentiality in the Case of Infection**

If you have tested positive for the coronavirus, Change, Inc. may be required to notify local health authorities that you have been in our offices. In this event, Change, Inc. will provide the minimum information required, keeping all other pertinent counseling-related data confidential.

### **Change, Inc.'s Commitment to Minimize Exposure // Office Safety Precautions in Effect During the Pandemic**

Change, Inc. is taking the specific measures listed at our [COVID-19 Response Page](#) to protect and serve clients and help slow the spread of the coronavirus.

### **LEAST RESTRICTIVE THERAPEUTIC SETTING DISCLAIMER:**

Change, Inc. is what is known as the "least restrictive therapeutic environment," meaning it works primarily with clients whose issues may be resolved on a limited outpatient basis. As such, there are a variety of presentations, situations, diagnoses, etc. that are not appropriate for treatment at Change, Inc. because they require additional/different facilities, training, expertise, time, costs, etc. These include but not limited to persons who are registered sex offenders, certain personality disorders, and Autism Spectrum Disorder (this does not include Asperger's Disorder or Social Anxiety Disorder, both of which are appropriate for our environment). Clients who meet any of these criteria are required to disclose that information prior to starting therapy so that an appropriate referral can be made. In addition, Change,

Inc. does not currently allow outside/individual "therapy animals" on the premises of any of our locations. This is to be differentiated from bonafide service animals, which are a protected right under the Americans with Disabilities Act.

### **ABOUT OUR SERVICES:**

The potential benefits of counseling and related services are many and include improved personal functioning, relationships, self-image, mood, and the attainment of personal goals. However, clients understand that healing and growth is difficult, and some discomfort will likely be a part of the change process. We believe you can feel better, but understanding that change occurs along a continuum is helpful. We will discuss this with you in your first session. Because the nature of therapeutic services is so heavily dependent on the ability, willingness, and cooperation of clients, Change, Inc. does not provide any expressed or implied warranty of its services to achieve treatment goals.

### **BIO/PSYCHO/SOCIAL/SPIRITUAL PHILOSOPHY:**

Change, Inc. espouses a "Holistic" approach to counseling which includes addressing multiple spheres of functioning potentially including biological, psychological, social, and spiritual. Each counselor, coach, or consultant with whom you work as an agent of Change, Inc., will a) respect client desires regarding their desire to (or to not) approach any of these areas within treatment, and b) only practice within the discipline(s) for which they are trained, certified, educated, or otherwise credentialed. Clients agree not to solicit treatment recommendations from any member of Change, Inc. outside his/her scope of expertise.

### **WORK AGREEMENT:**

It is agreed that the client shall make a good-faith effort at personal growth and engage in the counseling process as an important priority in his or her life. Suspension, termination, or referral shall be discussed between counselor and client for a pattern of behavior showing disinterest, lack of commitment, or for any unresolved conflict or impasse between counselor and client.

### **WORKING CREDIT/DEBIT CARD REQUIRED ON FILE:**

Change, Inc. accepts only debit cards, credit cards, and cash for payment – no other payment methods are accepted. As such, in order to place an appointment on the calendar, both at the outset and throughout the course of treatment, at least one working credit/debit card (pre-paid debit/credit cards are not accepted) is required to be held securely on file, even if clients intend to pay by cash. At the time of appointment, the preferred credit/debit card on file is run for the full appointment charge, unless clients notify us ahead of time that they intend to pay in cash by calling our office number or emailing [contact@changeincorporated.org](mailto:contact@changeincorporated.org) (NOTE: Change is not provided for cash payments – a credit for cash overpayment will be issued for the following appointment). If it becomes clear that one or more credit/debit cards are non-functional for any reason (insufficient balance, improper account/address information, etc.), Change, Inc. will attempt to run alternate cards placed on file. In the event that no cards on file are functional and the payment due at time of service cannot be collected, no (future) appointments may be scheduled until a functional card is provided.

### **PAYMENT PROCESSING:**

Change, Inc. accepts only debit cards, credit cards, and cash for payment – no other payment methods are accepted. As such, all appointments paid for by credit and debit cards will be processed via a third-party, and thus, those third parties will have access to your name and payment information. Change, Inc. may employ a variety of payment processors

throughout the duration of treatment and may switch between payment processors at its sole discretion and without notice.

**DECLINED CHARGES/PAST DUE BALANCES/COLLECTIONS:**

Payment is due at the time of service. Thus, if a charge for a session declines partially or fully, and/or clients fail to pay by cash or any other method thus leaving a balance for the session(s) attended, the balance is immediately considered past due. In this event:

- No future appointments can be scheduled until the past due balance is rectified and a working credit/debit card is placed on file.
- Change, Inc. personnel will continue to run the card on file each day in an attempt to collect the balance.
- Change, Inc. personnel will contact clients via phone and email in an attempt to rectify the balance.
- Past due balances that are outstanding longer than 4 (four) weeks will be sent to collections, and an administrative fee for lost time of no less than \$100 will be added to the past due balance.

**90-DAY TREATMENT APPROACH:**

Clients often ask us how long treatment will take. There is no "typical" length of treatment because of the amazing variety of factors that influence treatment, including severity/intensity of presenting problems, type of problems, client/therapist schedules, etc. Still, we believe that treatment is best approached in 90-day increments rather than brief, ineffective spurts here and there, or long, seemingly never-ending, month after month sessions. As such, all treatment programs are likewise scheduled with that in mind, meaning that we ask clients to give us at least 90-days worth of treatment as an initial time frame to determine how therapy is going and whether what we're doing is working. Payment for each appointment is due at the time of the appointment.

**ASSESSMENTS/STARTUP FEE:**

As part of its commitment to excellence, Change, Inc. requires clients to complete empirically validated initial assessments prior to the start of therapy so that treatment providers can have a thorough background. Correspondingly, an initial startup fee equal to the cost of the first appointment charge is included in addition to the first appointment charge itself, making the first appointment total the appointment fee x 2. This startup fee includes but is not limited to the costs associated with the provision of these assessments and other overhead costs.

**SESSION LENGTH:**

Therapy sessions are 50-minutes long -- this is considered a standard "therapeutic hour." However, sessions may last as long as 60 minutes, and may vary from 50 to 60 minutes over the course of treatment, depending on factors such as items covered during therapy, available therapist time on any given date, and more.

**CANCELATION & MISSED SESSIONS:**

Our business thrives on an hour by hour appointment scheduling process. When we schedule for an hour, this naturally means we are turning down others for that same time slot. It is in both of our best interests that scheduled appointments are maintained. However, we understand and fully anticipate that clients will need to cancel from time to time. Yet, even in the event of emergencies, we are still unable to recoup lost time. As our treatment providers depend on billable time for their livelihood, for all cancellation needs, including emergencies, our cancellation policies are as follows:

- With at least 24 hours notice, appointments can be cancelled and rescheduled free of charge.
- Canceled or missed appointments that were not cancelled at least 24 hours ahead of time are simply "lost" and cannot be made up. The applicable session fee is still charged.
- If you call with less than 24 hours notice (including the day of the appointment) and move your appointment to a different time slot, you will be charged for both appointments.
- Appointments are considered canceled if clients are more than 25 minutes late - the remaining portion of the therapy session will not be usable.
- Rescheduling of any sessions for any reasons (emergencies, non-emergencies, charged, without charge, etc.) is at the sole discretion of Change, Inc., and can only occur a maximum of 3 times within a 60-day period. Clients requiring more than 3 rescheduled appointments within a 60-day period will no longer be seen.

NOTE: Email and voice phone calls are the only acceptable method of cancellation/reschedule. Text messages or other forms of contact will not be considered sufficient notice.

#### **Inclement Weather/Power Outage Policy:**

At Change, Inc., our therapists plan to attend sessions with you even in the event of inclement weather/power outages (etc.), operating under the belief that what you're doing with them each session in therapy is crucial to your health and well-being. As such, our inclement weather/power outage policy is as follows:

- If you believe inclement weather/power outage is sufficient to prevent you from attending sessions in-person due to a verifiable road hazard consistent with local news reports and weather agencies, please let your therapist know as soon as you are able, and plan to attend your session via online video conferencing modalities in lieu of in-person therapy. When you write to notify us, your therapist will provide a URL where you may login at the scheduled day/time, or you may access therapist Virtual Waiting Room links [here](#).
- If fail to notify your therapist about your inclement weather/power outage limitation, or fail to attend an online video conferencing session in lieu of your in-person session, the applicable session fee will still be charged in line with our standard missed appointments policy.

#### **PARENT/FAMILY SESSIONS:**

As part of a well-rounded approach to therapy, parent/family sessions may be required when treating otherwise individual clients. I.e., the attending therapist may ask parents/family to attend separate "family sessions" focused on receiving family feedback, conceptualizing the client's role within the family, and on desirable family changes to enable client success, as a required part of a client's treatment. These sessions may occur with the same therapist who will be reasonably protective of confidentiality, or with a separate therapist who is abreast of case details, yet reasonably protective of the confidential relationship between the client and his/her therapist, and are billed at the same hourly rate.

#### **TERMINATION OF SERVICES:**

- Concerning the At-Will Nature of All Services: All services at Change, Inc. can be terminated by either party at any time without reason or cause. This does not in any way, shape, or form, alter our right to collect payment for services rendered or contracted.

#### **CONFIDENTIALITY/PERSONAL HEALTH INFORMATION:**

All communications and records with your counselor are held in strict confidence. Information may be released, in accordance with state or federal law, when any of the following

conditions are present:

- the client signs a written release indicating consent to release;
- the client expresses serious intent to harm self or someone else;
- there is reasonable suspicion of abuse against a minor, elderly person, or dependent adult;
- to acquire payment for services or billing purposes;
- a court-issued subpoena or order is received directing the disclosure of information.

### **Electronic Communications:**

Clients should know that electronic communications, both telephone and Internet (including email), are generally not secure methods of communication, and there is risk that one's confidentiality could be compromised with their use. Counselors at Change, Inc., as a means of general practice, do communicate with clients using these mediums. If you would prefer to not be contacted by telephone or email, please inform your counselor and we will honor this request. Please also note that we may collect various other kinds of information including pre and post assessments, feedback, payment, etc. using secure forms on our website. We may also engage in various forms of electronic counseling which have varying levels of security, including text, message, and video chat. Change, Inc. makes every effort to provide each of these services and all others in the most secure fashion possible, and according to generally accepted industry standards. NOTE: In order to conduct official business regarding cancelations, reschedules, billing, etc., Change, Inc. counselors will always communicate with you via email. Likewise, please understand that these are the only methods of communication will we will accept from you regarding these matters.

### **Other Provisions:**

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed, except to co-treating consultants or agents of Change, Inc.. Clinical information about the client is discussed. In some cases notes and reports are dictated/typed within the clinic or by outside sources specializing (and held accountable) for such procedures. When couples, groups, or families are receiving services, separate files are kept for individuals for information disclosed that is of a confidential nature. The information includes:

- testing results
- information given to the mental health professional not in the presence of other person(s) utilizing services
- information received from other sources about the client
- diagnosis
- treatment plan
- individual reports/summaries
- information that has been requested to be separate.

The material disclosed in conjoint family or couples sessions, in which each party discloses such information in each other's presence, is kept in each file in the form of case notes.

### **MANAGED CARE-FREE STATUS/NON-COMMUNICATION WITH INSURANCE COMPANIES OR OTHER LIKE ENTITIES:**

Change, Inc. is managed care-free, meaning we've chosen not to be in-network for any insurance providers ([why?](#)). For standard insurance reimbursement requests (i.e., where your healthcare insurance plan offers to reimburse you some portion of the fee you pay us), we provide documentation directly to clients -- a .pdf via email that includes the information the insurance company needs to file things appropriately. For this purpose, insurance companies

typically require the following information in order to file a claim for reimbursement on out of network policy benefits:

- Client Name
- Client Diagnosis
- Dates of Service
- Associated Charges
- CPT Codes for each service provided
- Practice tax ID #
- Provider credentials

As a managed care-free practice, Change, Inc. does not directly communicate with insurance companies or other like entities, including when they request that you instruct us to fill out additional forms or interact with us in order to file some claim -- i.e., Change, Inc. therapists will not complete insurance or other entity provided forms or communicate directly with these entities in any way. Moreover, Change, Inc. does not provide any expressed or implied warranty that its services are reimbursable or that our documentation will be effective in facilitating your request. It may help to check with your insurance company prior to our first meeting to understand your outpatient counseling benefits. You will want to ask your insurance company about:

- Coverage for "outpatient counseling services."
- The percentage of reimbursement for an "out of network counselor" including any deductible amount.

#### **HIPAA PRIVACY NOTICES:**

**A copy of our HIPAA Privacy Notices is provided for you as required by law [here](#).**

#### **SOCIAL MEDIA POLICIES:**

##### **Friending:**

As a rule, Change, Inc. therapists do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc), because adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

##### **Facebook Business Page:**

Change, Inc. does keep a Facebook Page for professional practice to allow people to contact us more readily. We use it to share blog posts and practice updates with other Facebook users. All of the information shared on this page is available on our website. You may "like" this page, but please understand that others are able to see who has done so, and it may constitute a compromise of your confidentiality in that sense.

##### **Following:**

Change, Inc. and Change, Inc. therapists have blogs that you can follow, and publish information to their respective Twitter pages. Blogs/Twitter Streams of individual Change, Inc. therapists may contain thoughts about therapy or therapeutic relationships, but will never contain client names or personal information that would constitute a breach of confidentiality. Clients should also note, however, that Blogs/Twitter Streams of individual Change, Inc. therapists may contain information about the therapist that clients may consider "personal." If you choose to follow your therapist, please let them know so that they can discuss its personal

impact upon you and your therapeutic relationship. Please note that the therapist will not follow you back as casual viewing of clients' online content outside of the therapy hour can create confusion regarding whether it is part of treatment or to satisfy personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with your therapist, please bring them into our sessions where you can view and explore them together during the therapy hour.

### **Interacting/Messaging:**

Please do not use Twitter, Facebook, or LinkedIn to contact Change, Inc. therapists, including wall postings, @replies, or messages. If you do use one of these methods, please do not expect your therapist to respond. If you need to contact your therapist between sessions, the best way to do so is through the methods they will have provided you – their Change, Inc. email address and our office phone number. If your therapist has provided a cell phone number, you may use that as well.

### **Business Review Sites:**

You may find Change, Inc. on sites such as Google Reviews, Yelp, Healthgrades, Yahoo Local, Bing, etc. Some of these sites include forums for users to rate providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find a Change, Inc. listing on any of these sites, please know that our listing is not a request for a testimonial, rating, or endorsement from you. You may provide a rating if you so desire, but be aware that others may see your screen name and recognize you as a client, thus breaching your confidentiality. Also, be aware that if you are using these sites to communicate indirectly with your therapist regarding your feelings about something, there is a good possibility that he/she may never see it.

### **Location-Based Services/Checking-In:**

If you use location-based services on your phone or smart device or elect to use these devices to "check-in" at places of business, others may surmise that you are a therapy client due to regular check-ins at our office on a weekly basis, constituting a breach of your confidentiality.

### **Individual Email:**

Change, Inc. does prefer using email only to arrange or modify appointments, but as aforementioned, it is not completely secure. If you choose to communicate with your therapist via email, be aware that all emails are retained in the logs of our respective Internet service providers even when deleted from our inboxes. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. Any emails Change, Inc. receives from you and any responses that Change, Inc. sends to you become part of your client records and are subject to the same confidentiality rules aforementioned.

### **Group Email:**

Change, Inc. routinely sends out group emails to its entire client base to keep clients abreast of issues, including items that may have a direct impact on therapy such as changes to this informed consent agreement, changes to policies, changes to price structure, information about inclement weather, etc. If you unsubscribe from this email list you agree to forfeit these notices, but are nonetheless held responsible for them.



**PERSONAL/PROPERTY INJURY WAIVER:**

In consideration of participating in services at Change, Inc., it is worth noting that there are some risks involved in the exploration of mental, physical, emotional, and spiritual processes. As such, you hereby release, waive, discharge, and covenant not to sue Change, Inc., their officers, agents, or contractors (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by you, or to any property belonging to you, while participating in such activity, while in, on or upon the premises where the activities are being conducted, or regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

While our processes are considered to be healing in nature, there are risks and hazards connected with the activities of mental health therapy, exercise, yoga, wellness consultations, and spiritual consultations. These may include physical, emotional, mental, or spiritual injury. These are considered extremely unlikely, but you hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous, and voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by you, or any loss or damage to property owned by you, as a result of being engaged in such an activities, whether caused by the negligence of releases or otherwise, to the fullest extent allowed by law.

You further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releases may incur due to my participation in said activities, whether caused by the negligence of releases or otherwise, to the fullest extent allowed by law.

This waiver and hold harmless agreement shall bind the members of your family and spouse, if you are alive, and heirs, assigns and personal representative, if deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the releasees. You agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with US state and federal law, and that any mediation, suit, or other proceeding must be filed or entered into only in the State of Missouri and the federal or state courts of Missouri. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

**RESOLUTION OF ADMINISTRATIVE/LOGISTICAL GRIEVANCES:**

In the event that clients wish to receive additional consideration or address issues that arise with administrative or logistical provisions within this Informed Consent Agreement, they may notify Change, Inc. in writing at [contact@changeincorporated.org](mailto:contact@changeincorporated.org). This contact should include the nature of the grievance, any relevant details or extenuating circumstances, and a proposed resolution. Upon receipt, Change, Inc. personnel will respond, directing clients to the appropriate personnel within our management structure to whom their message should be forwarded. Change, Inc. will provide a formal response within 1-2 business days of receipt. Clients agree not to pursue additional action prior to this timeframe in order to allow sufficient response time. While we provide this in the hopes of resolving administrative/logistical impasses, Change, Inc. is no way obligated to release clients from the terms of this Informed Consent Agreement.

**OTHER CONFLICT RESOLUTION:**

It is agreed that any and all disputes shall be negotiated directly between the client and Change, Inc. For items of a more serious nature for which these negotiations are not satisfactory and about which both parties consent to further efforts, the parties agree to mediate any differences with a mutually acceptable third-party mediator. If these are unsatisfactory, then the parties shall move to arbitration, and then binding arbitration, choosing an arbitrator mutually agreeable to both. The only exception to this rule is that legal intervention may be pursued to collect past due balances.

**LEGAL NOTIFICATIONS:**

This written agreement contains the sole and entire agreement between the undersigned client and Change, Inc. and supersedes any and all other agreements between them. Therefore, clients acknowledge and agree that no other representations made are material with respect to the subject matter of this agreement or any representations inducing the execution and delivery hereof except such representations as are specifically set forth herein, and that he or she has relied on his or her own judgment in entering into the agreement. Clients further acknowledge that any statements or representations that may have heretofore been made previously are void and of no effect and that their consent to this agreement is based on the terms set forth herein.

**WAIVER OR MODIFICATION INEFFECTIVE UNLESS IN WRITING:**

No waiver or modification of this agreement or of any covenant, condition, or limitation herein contained shall be valid unless in writing and consented to by Change, Inc. Furthermore, no evidence of any waiver or modification shall be offered or received in evidence in any proceeding or arbitration arising out of or affecting this agreement, or the rights or obligations of any party hereunder, unless such waiver or modification is in writing, duly executed as aforesaid. The provisions of this paragraph may not be waived except as herein set forth.

**CONTRACT GOVERNED BY LAW:**

This agreement and performance hereunder and all suits and special proceedings hereunder shall be construed in accordance with US State and Federal Law.

**BINDING EFFECT OF AGREEMENT:**

This agreement and the terms set forth herein are agreed to as binding under US State and Federal Law.

**AGREEMENT STATEMENTS:**

I agree to be bound by this agreement in its entirety and attest that it is the same as the agreement at this link (<http://www.changeincorporated.org/wp-content/uploads/2020/08/Informed-Consent-Agreement-.PDF-Copy.pdf>) which I will download and keep for my own records and which will serve as the point of reference for any future discussions, disputes, or otherwise interactions regarding the terms of this agreement.

By affixing my name below and giving my full name as a digital signature, I consent to all of the above statements and enter into this agreement with Change, Inc.

DIGITALLY SIGNED / IP ADDRESS RECORDED

Client Signature

SAME AS DATE STAMP ON ACCOMPANYING EMAIL

Date Signed

**This document is identical to the Informed Consent Agreement provided at the below URL on the date/time stamp of the email to which this document is attached.**

<http://changeincorporated.org/informed-consent-agreement>