

Hope's Road Contact Form
44 N. 9th Street, Suite 201
Noblesville, IN 46060
317-565-7149

Please fill out your preferences:

Name: _____

Address: _____

Preferred phone number: _____

Hope's Road may leave a voicemail: Yes No

Authorization for Electronic Communication

As a convenience to me, I authorize Hope's Road to communicate with me regarding my treatment and to accept payments electronically through Square. I understand that electronic communication may not be entirely secure and personal health information may be vulnerable to access by third parties. Hope's Road will use reasonable means to maintain security and confidentiality of email and text information sent and received.

Hope's Road may contact me via text: Yes No

phone number: _____

Hope's Road may contact me via email: Yes No

email address: _____

Hope's Road may initiate an electronic payment through Square (invoices will be sent by email through square's platform): Yes No

All credit card and HSA/FSA transactions are completed through Square

I acknowledge by signing this form that it will remain valid until the end of treatment or the client or legal guardian provide written instructions to revoke it.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____