

CONFIDENTIAL COMMUNICATIONS- ALTERNATIVE CONTACT INFORMATION

Effective Date: _____

Patient Name: _____

Doctor/Therapist: _____

Special Requests

Your therapist will make every effort to keep any email and text message communication confidential, however there is no way to guarantee that standard email and texting are 100% confidential. If you are concerned about this, please consider downloading hushmail (email) or tiger text (text messages) for encrypted and confidential communications with your therapist.

(Circle if okay)

Phone Numbers:	Okay to Call?	Okay to Leave Message
Home: _____	Y	Y
Work: _____	Y	Y
Cellular: _____	Y	Y
Other: _____	Y	Y

To What Address Would You Like Your Billing Statement Sent?

(Signature of Patient or Personal Representative)

(Date)

Relationship of Personal Representative to the Patient: _____