

## **Willow Wellness Center**

### **Client Communication Preferences**

The Health Insurance Portability and Accountability Act (HIPAA) of 2003 set standards for the protection and disclosure of Protected Health Information (PHI)—that is, information in your health care record that could identify you. Given the sensitive nature of communications around psychological and other health services, we ask you to consider how you would prefer to receive communications from us. This includes such contact as changing or confirming appointment times, client satisfaction questionnaires, thank you/follow-up communications, and financial statements.

**Contact me in the following manner** (check all that apply; star 1<sup>st</sup> choice):

\_\_\_ Home telephone number \_\_\_\_\_

\_\_\_ OK to leave a message with detailed information

\_\_\_ Leave message with call-back number only

\_\_\_ Do not leave message

\_\_\_ Work telephone number \_\_\_\_\_

\_\_\_ OK to leave message with detailed information

\_\_\_ Leave message with call-back number only

\_\_\_ Do not leave message

\_\_\_ Cell phone number \_\_\_\_\_

\_\_\_ OK to leave message with detailed information

\_\_\_ Leave message with call-back number only

\_\_\_ Do not leave message

\_\_\_ Email address \_\_\_\_\_

\_\_\_ OK to leave message with detailed information

\_\_\_ Written communication, including financial statements

\_\_\_ OK to mail to my home address on file

\_\_\_ OK to mail to my work address: \_\_\_\_\_

\_\_\_ OK to fax to the following number: \_\_\_\_\_

\_\_\_ OK to (other) \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_