

CLIENT RECORDS OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

Home Telephone _____

OK to leave message with detailed information

Leave message with call back number only

Work Telephone _____

OK to leave message with detailed info

Leave message with call back number only

Cell Phone Number _____

Leave message with call back number only

Email Address _____

OK to email this address

Home Written Communication

OK to mail to my home address with Maggie Hope, LPC, MHSP in the return address

OK to mail to my home address with return address only, no name

Appointment Reminders:

I wish to receive email reminders about upcoming appointments. Email address: _____

I wish to receive text message reminders about upcoming appointments at this number: _____

Emergency Contact:

Name: _____

Phone: _____

Relationship To You: _____

Address: _____

Electronic Mail (EMAIL) Policy:

By agreeing to communicate via email, you are assuming a certain degree of risk of breach of privacy beyond that inherent in other modes of traditional communication. I cannot ensure the confidentiality of our electronic communications against purposeful or accidental network interception. Due to this inherent vulnerability, you should consider that our electronic communications may not be confidential and will be included in your therapy chart. Never send emails of an urgent or emergent nature and please contact me by phone if you have not received a response within 24 hours.

NOTE: USES AND DISCLOSURES MAY BE PERMITTED WITHOUT PRIOR CONSENT IN AN EMERGENCY.

Patient Signature, or parent
if Minor or Legal Charge

Print Name

Date

Signature of Professional Counselor

Maggie Hope, LPC, MHSP
Print Name

Date