

Grace Counseling

Client Contact Information for Messages and Written Correspondence

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 be made to alternative means, such as sending correspondence to the individual's office instead of the individual's home.

**Grace Counseling Services has permission to contact me at the following:
(CHECK all that apply)**

- Home telephone # _____
 - OK to leave a message with detailed information
 - OK to leave a message with other family members
- Cell Phone # _____
 - OK to leave a message with detailed information
 - OK to leave a message with person answering
- Work Telephone # _____
 - OK to leave a voicemail message with detailed information
 - OK to leave a message with _____

If client is a minor

- Mother's Phone # _____
- Father's Phone # _____

Written Communication

- OK to mail to my home address
- OK to E-mail me at: _____
- OK to fax to this number: _____

***PLEASE NOTE: all bills will automatically be mailed to home address**

Client Signature

Printed Name

Date