

**PATIENT REQUEST FOR CONFIDENTIAL COMMUNICATIONS**

As your psychologist, I assume that I may contact you by telephone at your home and at your work, and in writing at your home, unless you instruct me otherwise. Under HIPAA, you have the right to request that communications with you be confidential and by means of your selection. Your request will be approved if, in my opinion, I think it is reasonable. Once we agree to your request, I am obligated to honor it, except if an emergency arises.

I, the undersigned, wish to be contacted as follows (please check all that apply):

- At my home telephone number(s): \_\_\_\_\_
  - \_\_\_\_\_ You can leave messages with detailed information
  - \_\_\_\_\_ Leave messages with call-back number only
  - \_\_\_\_\_ Call only at specified times of the day: \_\_\_\_\_
  
- At my work telephone number(s): \_\_\_\_\_
  - \_\_\_\_\_ You can leave messages with detailed information
  - \_\_\_\_\_ Leave messages with call-back number only
  - \_\_\_\_\_ Call only at specified times of the day: \_\_\_\_\_
  
- At my mobile telephone number(s): \_\_\_\_\_
  
- In writing at:
  - \_\_\_\_\_ My home address
  - \_\_\_\_\_ My work address
  - \_\_\_\_\_ My fax number(s): \_\_\_\_\_
  - \_\_\_\_\_ My email address(s) [Communications will be protected by some form of encryption or a blind carbon copy]: \_\_\_\_\_
  
- Other (specify): \_\_\_\_\_

(Please print) \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

**Approved:**

\_\_\_\_\_  
Signature of Psychologist

\_\_\_\_\_  
Date