

Client Name (please print) _____

Client DOB _____

**RELEASE TO CONTACT THROUGH VOICEMAIL OR WRITTEN
CORRESPONDENCE**

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

Emerge has permission to contact me at the following: (check all that apply)

Home telephone # _____

OK to leave a message with detailed information Yes _____ No _____

OK to leave a message with other family members Yes _____ No _____

Cell Phone # _____

OK to leave a message with detailed information Yes _____ No _____

OK to leave a message with person answering Yes _____ No _____

Work Telephone # _____

OK to leave a message with detailed information Yes _____ No _____

OK to leave a message with _____

Written Communication

OK to mail my home address Yes _____ No _____

OK to mail my work address listed below: Yes _____ No _____

OK to fax to this number: _____

OK to email to this unsecured email address: _____

Other: _____

Client Signature (or Parent/Guardian of Minor) _____

Date _____