

Benkelman Consulting

827 Grant Street

Denver CO, 80203

I authorize Janna Benkelman (Benkelman Consulting) to utilize the following forms of communication technology for appointment information and non-clinical issues. I understand that if I would like clinical information to be released, I will sign a clinical release form prior to clinical or treatment information being released.

_____ Telephone Contact at the following phone number(s) _____

I authorize Janna Benkelman to give non-clinical information to _____

I authorize Janna Benkelman to text non-clinical information to the following number(s)

I authorize Janna Benkelman to e-mail non-clinical information to the following e-mail address:

I authorize Benkelman Consulting to securely store and maintain my payment information and to auto-pay my account.

Signature: _____

Date: _____

Please initial the space on the left, fill in personal information on the right if applicable, and sign/date at the bottom. If you do not wish to receive communication, please specify.