



Confidential Communication Authorization

The Health Insurance Portability and Accountability Act (HIPAA) protects your privacy so that your information is communicated to you by a particular method of your choosing. Therefore, you have the right to request how you choose for Heart to Heart Counseling to communicate your financial and/or medical information to you. Please complete the following information to inform us how you would like for us to communicate with you.

I wish to be contacted via the following (Please check all that apply):

Phone Communication:

- Home Telephone Number (_____)_____
- Work Telephone Number (_____)_____
- Cell Phone Number (_____)_____
- Do not contact me at home
- Do not contact me at work
- Do not contact me on my cellular
- You may leave a message on my voicemail providing only your name and call back number
- You may leave a detailed message (which may include medical information) on my voicemail
- You may give information to the following person(s): _____

Written Communication:

- You may communicate with me via mail at my address on file
- Mail information to the following address _____
- Mail information to my home address _____
- You may fax information to the following number (_____)_____
- You may contact me via email at the following E-mail address _____
- I do not wish to be contacted by E-mail

Heart to Heart Counseling will communicate with you based on your preferences indicated above. To amend your responses please complete a new form.

Client Name: _____ **Date:** _____

Client Signature: _____

Counselor Signature: _____ **Date:** _____