Braun Counseling Services LLC

Diane Braun LIMHP, LMHP, LADC, CPC

Client Consent for Communication

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Client Name Date of Birth Client Number

(Initial) \_\_\_\_\_\_\_\_ **Acknowledgement of Contact Information:** I hereby agree to inform my therapist of any changes to my contact information. I hereby agree to receive phone calls, E-mails, and/or mail from my therapist and/or staff.

* OK to call and leave a message – It is okay for my therapist and/or staff to call and leave a message or send E-mails.
* OK to call but do not leave a message – It is okay for my therapist and/or staff to call but they CAN NOT leave a message with anyone.
* Do not call – My therapist and/or staff CAN NOT call this number (To be used when the client wants to revoke, in writing, their consent to use a number for contact).

Preferred: Please circle one: Phone/E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Phone number or E-Mail address)

Secondary: Please circle one: Phone/E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Phone number or E-Mail address)

Additional: Please circle one: Phone/E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Phone number or E-Mail address)

The undersigned certifies that he or she has read and understands the above mentioned and is the client, the client’s guardian, power of attorney, or is duly authorized on behalf of the client to execute the above and accept its terms.

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Signature of client or guardian Relationship to client Date

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Signature of Therapist Date

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Signature of Interpreter Date