

NANCY SIGAFOOS, M.A., R.P.
REGISTERED PSYCHOTHERAPIST
PHONE: 289-931-8455 FAX: 289-434-4772

CONTACT FORM

Name: _____ Date of Birth: _____

Home Address: _____

Do I have your permission to mail documents to your address, (requested copies of invoices or reports)?

_____ Yes _____ No (I prefer to pick them up)

Phone Numbers:	(please select which option you prefer)		
	Detailed voicemail ok	Name and # only	No message
Home: _____	_____	_____	_____
Work: _____	_____	_____	_____
Cell: _____	_____	_____	_____
Other: _____	_____	_____	_____

Electronic Communication:

Please be advised that electronic communications (such as email, text, bbm, messaging) are not secure means of communication. Hacking, loss or theft of your phone or computer, and other risks can result in your privacy being violated, and once information has been shared on the internet, it is not possible to ensure that it is deleted. If you wish to communicate with me via email or texting, please initial below to acknowledge that I have advised you of the risks of electronic communications, and provide your email address.

_____ I have reviewed the above and I permit Nancy Sigafoos to use electronic means to communicate with me.

Email Address (leave blank if you prefer not to be contacted by email): _____

Emergency Contact: _____ Phone: _____

In signing below, I give Nancy Sigafoos, Registered Psychotherapist, permission to contact me in the manner I have outlined above.

Print Name: _____ Signature: _____

Date: _____