

MINDING YOU

DUI Services  Mental Health  Addiction Recovery  Evaluations

Stephanie Higdon LCSW, CAADC

GA License: CSW006035 | ADACBGA: CAADC # 0257 | DUI CE & TP # 3154

Client Record #: _____

COMMUNICATION AUTHORIZATION

Client Name: _____ DOB: _____

Parent / Caretaker Name: _____ (if client is a minor)

Primary (Cell) Phone #: _____ Secondary (home/ other) Phone#: _____

Minding You Staff has my permission to contact me in the following manner:

Cell Phone	Home Phone
<input type="checkbox"/> OK voice mail with therapist name and brief message <input type="checkbox"/> OK voice mail with call-back number only <input type="checkbox"/> OK Text brief message <input type="checkbox"/> Please DO NOT call / text my cell phone	<input type="checkbox"/> OK to leave answering machine message with name and limited information; <input type="checkbox"/> OK Leave answering message with therapist name and call-back number <input type="checkbox"/> Please DO NOT call me on my home phone
	Written / Mailed Communication
Comments: _____ _____ _____ _____	<input type="checkbox"/> OK to mail to the following address: _____ _____ _____ <input type="checkbox"/> Please DO NOT mail anything to me

Please Note: Due to client privacy laws, Minding You Staff does not accept or promote electronic client communications through traditional email.

Client / Client Parent /Guardian Signature

Date

Therapist, Minding You
Stephanie Higdon, LCSW, CAADC

Date