

# VR Behavioral Health Services

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## Patient Records of Disclosure

In general the HIPPA privacy rule gives individuals the right to request on uses and disclosures of private health information. The individual is provided the right to request confidential communication of PHI. There may be times when our office needs to contact you (billing, or appointment scheduling) I \_\_\_\_\_ wish to be contacted in the following manner. Check all that apply:

- Cell phone \_\_\_\_\_
- Home phone \_\_\_\_\_
- Ok to leave detailed message and phone number
- Ok to leave detailed message with (spouse, parent, other) \_\_\_\_\_
- DO NOT leave any message
  
- Written communication
- OK to mail billing statements or other information to my home
- OK to fax billing statements to this number \_\_\_\_\_
- DO NOT mail or fax billing statements to my home
  
- I authorize this individual(s) to communicate with the office staff regarding my balance, financial information, and any billing issues or questions.

\_\_\_\_\_  
relation to patient: \_\_\_\_\_

Please note if you do not want statements sent to your home, sessions must be paid in full at time of treatment. Our office does everything possible to avoid placing an account into collection. However, any delinquent accounts will be sent to collections and that the collection agency will be give your home address and phone numbers.

I have read, understand and agree to all of the above statements.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date