

# VR Behavioral Health Services

---

Dr. Douglas Vaselakos, Psy.D. Dr. Tracy Robinson, Psy.D.

700 Ravinia Orland Park, IL 60462

Ph. 708.226.0010 • F. 708.226.0040

## 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
- Do not leave any message
  
- Work phone \_\_\_\_\_
- OK to leave detailed message on voicemail
- OK to leave detailed message with anyone answering my phone
- OK to leave phone number and name on voicemail
- OK to leave phone number and name with anyone answering my phone
- Do not leave any message or phone number on voicemail
- Do not leave any message or number with anyone answering my phone
  
- Written communication
- OK to mail billing statements or other information to my home
- OK to fax billing statements related to treatment to the following fax number  
\_\_\_\_\_
- Do not mail billing statements or other information to my home
- Do not fax billing statements or other information

Please note if you do not want statements sent to your home, sessions must be paid in full at time of treatment. Please note our office does everything possible to avoid placing an account into collection. However, any delinquent accounts will be sent to collection 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