

**PRIVACY PREFERENCES
REGARDING CONTACT BY PHONE, MAIL, AND E-MAIL**

As stated in my Notice of Privacy Practices, I am required by law to insure that your Protected Health Information (PHI) is kept private. You have the right to request that I ONLY contact you at certain phone numbers, physical addresses, or e-mail addresses. In other words, you have the right to request that I DO NOT contact you at certain phone numbers, physical addresses, or e-mail addresses.

Please indicate your privacy preferences below (check all that apply):

- Please DO NOT call me at my home phone number, as listed on the Client Information Form.
- Please DO NOT leave a message for me at my home phone number, as listed on the Client Information Form.
- Please DO NOT call me at my work phone number, as listed on the Client Information Form.
- Please DO NOT leave a message for me at my work phone number, as listed on the Client Information Form.
- Please DO NOT call me on my cellular phone, as listed on the Client Information Form.
- Please DO NOT leave a message for me on my cellular phone, as listed on the Client Information Form.
- Please DO NOT mail correspondence to my home address, as listed on the Client Information Form.
- Please DO NOT mail correspondence to my work address, as listed on the Client Information Form.
- Please DO NOT contact my by e-mail, as listed on the Client Information Form.
- I authorize Debbie Reed, LMFT to contact me via my home phone number, work phone number, or cellular phone number. She may leave a message at any of the aforementioned phone numbers, as listed on the Client Information Form. Further, I grant her permission to contact me by U.S. mail or e-mail at either my

home or place of work. There are no restrictions on where Debbie Reed, LMFT may contact me. She may try to reach me at ALL the phone numbers and addresses listed on my Client Information Form.

_____ Other privacy preferences:

I reserve the right to make changes to these privacy preferences at any time in the future. I will notify Debbie Reed, LMFT, in writing, if I should desire to make any changes.

Client Name: _____ Date: _____ Signature: _____
(printed) (if 12 years or older)

Parent Name: _____ Date: _____ Signature: _____

Parent Name: _____ Date: _____ Signature: _____

Privacy Officer: Debbie Reed, LMFT Date: _____ Signature: _____