COMMUNICATION PERMISSIONS

- I authorize messages to be left at the following phone numbers:

  Home:_____ Work:_____

  Cell:_____

- I authorize all email communication including attached documents to this email address:

  _____

- I authorize Kara Bates to provide telehealth services to me via telephone or video conferencing. I authorize video sessions to be done via Doxy.me, Zoom, or _____
  (Skype, etc)

- I would like to receive reminder notifications for my appointments via (choose one only):

  Email_____ Text_____ Voice Mail_____
  Initials Initials Initials

I understand that the above methods of communication, other than Doxy.me and Zoom, are not HIPPA compliant.

_____ _____
Client Signature (Client's Parent/Guardian if under 18) Date

_____ _____
Client Signature (Client's Parent/Guardian if under 18) Date