

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 would like to receive reminder notifications for my appointments via:

Email \_\_\_\_\_  
                            Initials

Text \_\_\_\_\_  
                            Initials

Voice Mail \_\_\_\_\_  
                            Initials

**I understand that the above methods of communication are not HIPPA compliant.**

\_\_\_\_\_  
Client Signature (Client’s Parent/Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature (Client’s Parent/Guardian if under 18)

\_\_\_\_\_  
Date