

COMMUNICATION CONSENT FOR HIPAA COMPLIANCE POLICY

Bethlehem Counseling Associates will not release confidential and/or unauthorized information by home phone, answering machine, work phone, cell phone, voice mail, text message or email. Additionally, information will not be left with an unauthorized person who may answer the phone.

I authorize Bethlehem Counseling Associates to leave medical information pertaining to my care, or information regarding my appointments, balance due, etc., by the following method(s). Additionally, It will be my responsibility to notify Bethlehem Counseling Associates whenever this information changes:

Please Circle YES, NO, or N/A to the following communication methods. If you indicate "YES" then please provide updated phone numbers or email address.

Home Telephone: YES NO N/A

If "YES" please provide updated home telephone # _____

Home Answering Machine: YES NO N/A

Work Telephone: YES NO N/A

If "YES" please provide updated work telephone # _____

Cell Phone: YES NO N/A

If "YES" please provide updated cell phone # _____

Cell Phone Voice Mail: YES NO N/A

Cell Phone Text Message: YES NO N/A

E-Mail: YES NO N/A

If "YES" please provide updated e-mail address _____

Client Name

Client/Responsible Party Signature

Date