

Client Communication Permission

Client Name: _____ ID#: _____

From time to time we may need to communicate with you. To preserve your privacy, we would like you to indicate your preferred method for us to communicate discrete information to you. Without permission we will not leave any information with another person unless specifically given permission to do so.

If the client is a minor we need specific contact information. Please list the name(s) of the individual(s) who may be contacted or may contact us, along with their relationship to the client. Please also indicate who has temporary, primary or shared legal custody.

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Please telephone me ONLY at this/these numbers:

	<u>CALL ME</u>	<u>LEAVE MESSAGE</u>
Home: _____	<input type="radio"/> YES a <input type="radio"/> NO	<input type="radio"/> YES a <input type="radio"/> NO
Cell: _____	<input type="radio"/> YES o <input type="radio"/> NO	a <input type="radio"/> YES o <input type="radio"/> NO
Work: _____	<input type="radio"/> YES o <input type="radio"/> NO	<input type="radio"/> YES o <input type="radio"/> NO
Other: _____	<input type="radio"/> YES o <input type="radio"/> NO	<input type="radio"/> YES a <input type="radio"/> NO

You may leave a message with anyone who answers the phone. **OR**
 Only these individuals may receive my messages for me: Name: _____ Relationship: _____

Name: _____ Relationship: _____
Name: _____ Relationship: _____

Please do not mail bills, office announcements and communications to my home address. Instead, send them to the following address: _____

I have other specific instructions for communication with me?

Signature of client or his / her personal representative

Date

Printed name of client or personal representative

Relationship to the client

Description of personal representative's authority