

Permission to Share Protected Health Information

Unless you give us permission to do otherwise, anyone who requests to talk with us about your work here will be told that we cannot say whether you are a client here or not, and that we cannot give out any information about clients without prior written permission. You may choose to allow us to discuss specific matters with certain persons such as spouses, parents, children, or friends. This form allows you to designate certain persons with whom we can speak, and to specify what kinds of information we can share.

CHECK THE BOX FOR EACH PERSON YOU GIVE US PERMISSION TO:

Name & relationship to you	Confirm Appt. dates and times	Set or cancel appointments	Discuss financial information

Additionally, at times we may want to contact you by telephone. Example: your therapist may have an emergency and need to change the time of your session. It is up to you to decide whether to give us permission to contact you, and to set any limits about such calls.

PLEASE LIST AT LEAST ONE NUMBER.

Check the box for each phone number you give us permission to:

(Please fill in numbers)	Leave messages with anyone who answers	Leave messages on voicemail/machine	Send a text message
Home:			
Cell:			
Work:			
Other:			
Other:			

You may find that email communication is preferable for you at certain times. This is allowed, but we must inform you that if you contact your therapist at their @elkhartsamaritan.org email address, any information to or from that account is not encrypted and could be intercepted. If you accept that risk and want to use email communication, please provide your email address below and initial in the box. Preference on email use is for scheduling issues rather than therapeutic ones.

Email Address:	If you Agree, please Initial.

_____ **Print Client Name**

_____ **Signature (or Guardian signature if Minor)**

_____ **Date**