

# Grace Counseling Services

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## Client Contact Information for Messages and Written Correspondence

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made to alternative means, such as sending correspondence to the individual's office instead of the individual's home.

**Grace Counseling Services has permission to contact me at the following:  
(check all that apply)**

- Home telephone # \_\_\_\_\_
  - OK to leave a message with detailed information
  - OK to leave a message with other family members
  
- Cell Phone # \_\_\_\_\_
  - OK to leave a message with detailed information
  - OK to leave a message with person answering
  
- Work Telephone # \_\_\_\_\_
  - OK to leave a voicemail message with detailed information
  - OK to leave a message with \_\_\_\_\_

### Written Communication

- OK to mail to my home address
- OK to mail to my work address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- OK to fax to this number: \_\_\_\_\_
  
- Other  
\_\_\_\_\_  
\_\_\_\_\_

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Client Signature

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Printed Name

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Date