

# Lunden Psychological Services, Inc.

## How do you prefer to be contacted by us?:

In our efforts to comply with the Health Insurance Portability and Accountability Act (HIPAA), we need to be certain that we guard your privacy according to your wishes when it comes to your family, friends, and co-workers.

1. May we leave messages concerning your appointments with a co-worker, receptionist, or assistant that regularly answers your calls?       YES       NO       N/A
  
2. May we leave messages on a voicemail or answering machine regarding appointments/treatment at work?       YES       NO       N/A
  
3. May we leave messages on a voicemail or answering machine regarding appointments/treatment at home?       YES       NO       N/A
  
4. May we discuss your appointments/treatment with your spouse or significant other?       YES       NO       N/A
  
5. May we discuss your appointments/treatment with your children who are over 18 years of age?       YES       NO       N/A
  
6. If you are over the age of 18, may we discuss your appointments/treatment with your parents?       YES       NO       N/A
  
7. May we text you regarding appointments/treatment?       YES       NO       N/A
  
8. May we email you regarding appointments/treatment?       YES       NO       N/A
  
9. May we mail postcards/letters regarding appointments/treatment?       YES       NO       N/A

You must inform us in writing of any change(s) in your directives. This record takes effect at the beginning of treatment and will remain in your file.

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PHONE

FAX

WEB