



Client Contact Information Authorization Form

Here is a list of ways I can contact you. Initial next to each item that would be an acceptable manner for me, as your provider, to contact you. You can change your preferences at any time.

_____ **Emergencies**
Initial Here

I authorize provider to contact: _____
Print clearly the name of your emergency contact

This person can be reached at this phone number: _____.

Please describe your relationship to this person: _____.

I authorize Triva A. Ponder, provider, to contact me in the following preferred ways:

Below, fill in the phone numbers where you prefer to be contacted.

_____ **Telephone**
Initial Here

Circle your choice for the type of information you authorize to be left on your voicemail:

Home:	Cell:	Work:
Leave provider name only	Leave provider name only	Leave provider name only
Leave provider name and phone number	Leave provider name and phone number	Leave provider name and phone number
Leave a detailed message	Leave a detailed message	Leave a detailed message

_____ **Mail**
Initial Here

OK to send mail to home address
Provider can mail me information such as future clinical sponsored programs, appointment reminders, or items left behind by me -

to my home address on file.

_____ Mail OK to send mail to work address

Initial Here

Provider can mail me information such as future clinical sponsored programs, appointment reminders, or items left behind by me - to my work address on file.

_____ Do Not Send any Mail

Initial Here

Provider cannot mail information to my home or work address except balances due on my account.

_____ EMAIL

Initial Here

I can be emailed at: _____ about the

Leave blank if you do not wish to be contacted by email

following kinds of information I find acceptable by initialing:

_____ Reminders and conversations relating to Appointments

Initial Here

_____ Information related to billing and payment (but not to include any financial or claims-related identifiers including, but not limited to, credit card numbers, insurance plan numbers, diagnosis codes, or procedure codes

Initial Here

_____ Handouts related to therapeutic goals like tips for handling stress

Initial Here

_____ Information about future clinical programs

Initial Here

_____ Answering questions client sends by email

Initial Here

_____ Other:

Initial Here

Client's Printed Name

Client's Signature

Date