

**Choices Gwinnett Counseling, LLC
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Patient Contact Authorization

Generally, 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 provided the right to request how confidential communications are to be made. Please indicate how you wish to be contacted in the available ways below.

(check all that apply)

Home Telephone _____

- Okay to leave a message with my name and appointment reminders or changes.
- Leave a message with call-back number only.
- Do not leave any messages on home telephone.

Work Telephone _____

- Okay to leave a message with my name and appointment reminders or changes.
- Leave message with call-back number only.
- Do not leave any messages on work telephone.

Cell Phone _____

- Okay to leave a message with my name and appointment reminders or changes.
- Leave a message with call-back number only.

Written Communication

- Okay to respond to e-mails that originated from you with appointment time and date information.

E-mail _____

Other _____

Client Signature

Date

Printed Name