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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.

I wish to be contacted in the (check all that apply)

Home Telephone _____

- Okay to leave a message with my name and appointment reminders or changes.
- Or
- 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.
- Or
- 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.
- Or
- 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