PSY
PSYCHOLOGICAL
SERVICES, P.C.

JEROLD M. GRODIN, Ph.D., DIRECTOR

SARATOGA OFFICE: 526 MAPLE AVENUE, SARATOGA SPRINGS, NY 12866 TEL 518-587-4161 FAX 518 587-5134
CLIFTON PARK OFFICE: 632 PLANK ROAD, CLIFTON PARK, NY 12065

PATIENT REQUEST FOR CONFIDENTIAL COMMUNICATIONS

We, **PSYCHOLOGICAL SERVICES, P.C.,** assume that we may contact you by telephone at your home and at your work, and in writing at your home, unless you instruct us otherwise.

Under HIPAA, you have the right to request that communications with you be confidential and by means of your selection. All reasonable requests will be approved. Once we agree to your request, we are obligated to honor it, except if an emergency arises.

I wish to be contacted as follows:

(C) _____ (W) _____ (H) _____

Please check your preferences:

	Cell	Work	Home
You can leave messages with detailed information.....	____	____	____
Leave message with call-back number only.....	____	____	____
Call only at specific times of day: _____	____	____	____
May we say the practice name? (Y/N).....	____	____	____

How should we identify ourselves?_____

If you would like an appointment reminder, please check how you wish to be contacted:

_____ E-mail: _____@_____
_____ Text Message (Requires 10 Digit Cell Number)
_____ Phone Call (Requires 10 Digit Phone Number)
_____ None

Correspondence:
_____ My fax number(s): _____

_____ E-mail: _____@_____

If you wished to be contacted in writing to an address different than your home address, please specify:

_____

_____ _____
Signature of Patient (or legal guardian) Date

_____
Print Name