

Chart #: _____

Communication Consent Form

In order to comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations, we ask that our clients review and sign this *Communication Consent Form*.

Preferred EAP will not release confidential and/or other Protected Health Information (PHI) by home mailing, home telephone, answering machine, work telephone, voice mail, cell phone and or/pager. When we place telephone calls and an answering machine responds, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the telephone.

I, _____ authorize Preferred EAP to contact me and or named authorized person(s) and to convey PHI by the following methods and assume responsibility to notify Preferred EAP whenever this information changes:

Email: _____@_____

- Yes No For EAP Satisfaction Survey ONLY
- Yes No For other treatment-related purposes

Home Mail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Telephone	<input type="checkbox"/> Yes	# _____ <input type="checkbox"/> No
Answering Machine	<input type="checkbox"/> Yes	# _____ <input type="checkbox"/> No
Work Telephone	<input type="checkbox"/> Yes	# _____ <input type="checkbox"/> No
Voice Mail	<input type="checkbox"/> Yes	# _____ <input type="checkbox"/> No
Cell Phone	<input type="checkbox"/> Yes	# _____ <input type="checkbox"/> No
Pager	<input type="checkbox"/> Yes	# _____ <input type="checkbox"/> No
Fax PHI	<input type="checkbox"/> Yes	# _____ <input type="checkbox"/> No

Who may we contact in case of an emergency?

Name: _____ Relationship: _____

Phone Numbers: _____

Please list names of other people authorized to receive information about your care:

Spouse: _____

Parent: _____

Other: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature): _____ Date: _____
(Needed if child is less than 14 years of age)

Witness Name: _____

Witness Signature: _____ Date: _____

A copy of this document will be provided to you upon request.