



CONFIDENTIAL COMMUNICATIONS

We, Deanna Walsh-Bender, M.S.Ed., L.M.S.W./CAPES: Child Advocacy & Parent Empowerment Services & CAPES Staff, assume that we may contact you by telephone at your home, on your cellphone, 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. We will accommodate your request so long as in our opinion it is reasonable. Once we agree to your request, we are obligated to honor it, except if an emergency arises.

I wish to be contacted as follows (Please check all that apply):

- At my home phone number which is:** _____ (Please fill one below)
 - You can leave messages with detailed information
 - Leave messages with a callback number only

- At my work phone number which is:** _____ (Please fill one below)
 - You can leave messages with detailed information
 - Leave messages with a callback number only

- At my cell phone number which is:** _____ (Please fill one below)
 - You can leave messages with detailed information
 - Leave messages with a callback number only
 - You can send text messages to this number

- In writing at:** (Please fill all that you agree to)
 - My home address which is: _____
 - My fax number which is: _____
 - My email address which is: _____

- Other:** (Please specify) _____

If any means of contacting you will place you in imminent danger, it is most important to please specify below:

If you authorize information to be released to someone other than yourself, Please complete the following:

List of Authorized people:

Spouse: _____

Best # to Call: _____

Adult Child: _____

Best # to Call: _____

Other (indicate relation): _____

Best # to Call: _____

X

Signature of Client

Date

X

Print Name

Approved:

X

Signature of a CAPES Representative

Date

X

Print Name