

## 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 and/or cell phone. 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, (Client Name) \_\_\_\_\_ authorize Preferred EAP to contact me and/or below named authorized person(s) and to convey PHI by the following methods and assume responsibility to notify Preferred EAP whenever this information changes:

Please fill in your personal email (not company email) below – if you do not have an email address, please enter NONE and check off NO for the Survey, Newsletter and Treatment-related purposes.

Client Personal Email (14 & older): \_\_\_\_\_

Parent Personal Email (13 & younger): \_\_\_\_\_

If you would like to receive our one-time Satisfaction Survey, Monthly Newsletter and agree to use your personal email for other treatment-related purposes (handouts, articles, resources, referrals), please check YES below, otherwise check NO.

\_\_\_\_\_ No \_\_\_\_\_ Yes for EAP Satisfaction Survey  
\_\_\_\_\_ No \_\_\_\_\_ Yes for Monthly EAP Electronic Newsletter  
\_\_\_\_\_ No \_\_\_\_\_ Yes for other treatment-related purposes

**Home Telephone** \_\_\_\_\_ No \_\_\_\_\_ Yes/OK to Leave Message # \_\_\_\_\_

**Work Telephone** \_\_\_\_\_ No \_\_\_\_\_ Yes/OK to Leave Message # \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ No \_\_\_\_\_ Yes/OK to Leave Message # \_\_\_\_\_

**Text (Scheduling)** \_\_\_\_\_ No \_\_\_\_\_ Yes

**Please list below the names of people authorized to receive information about my care:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Who may we contact in case of an emergency? (Required)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Client Signature: \_\_\_\_\_  
(14 years and older)

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(for client age 13 and younger)