

**Client's Right for Confidential Communication Side 1**

**Kitsap Counseling & Hypnotherapy Center, LLC**

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**Client Confidential Communications**

The Health Insurance Portability and Accountability Act (HIPAA) give you the right to request that **James R. McCormack** communicates financial and/or medical information to you in confidence by a particular method or certain locations.

In order to protect the privacy and confidentiality of your information; please complete the following which tells me how you would like to be contacted.

**I wish to be contacted in the following manner (check all that apply):**

**Phone Communications**

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Do not contact me at home

Do not contact me at work

Leave message with your name and call-back # on answering machine

Leave message with medical information on answering machine

OK to give information to following family member(s), friend/s or co-workers, or others listed below

\_\_\_\_\_

## Client's Right for Confidential Communication Side 2

### Written Communication

Do not send written medical information to me

Mail information to my home address on file

Mail to my work/office address on file

Mail information to other address:

List \_\_\_\_\_

Fax to the following number \_\_\_\_\_

I do not want to communicate by E-mail

You can communicate via E-mail with me at \_\_\_\_\_

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### Follow-Up Communication

It is okay for me to be contacted via phone after completion of services for purpose of follow-ups.

It is not okay for me to be contacted after completion of services for purposes of follow-ups.

It is okay for me to be contacted via US mail for future promotions and specials from KHC.

It is not okay for me to be contacted for future promotions and specials from KHC.

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**James R. McCormack** will continue to communicate with you according to your above response(s) until you change your preferences. You may do so by completing a new form.

By your signature below, you agree to be communicated in the above manner.

Client Signature \_\_\_\_\_

Client Name \_\_\_\_\_

Date \_\_\_\_\_