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	____Yes			____No
Home Telephone	____Yes	#	_____	____No
Answering Machine	____Yes	#	_____	____No
Work Telephone	____Yes	#	_____	____No
Voice Mail	____Yes	#	_____	____No
Cell Phone	____Yes	#	_____	____No
Pager	____Yes	#	_____	____No
Fax PHI	____Yes	#	_____	____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)

EAP Witness Name: _____

EAP Witness Signature: _____ Date: _____

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