## Lunden Psychological Services, Inc.

## How do you prefer to be contacted by us?:

In our efforts to comply with the Health Insurance Portability and Accountability Act (HIPAA), we need to be certain that we guard your privacy according to your wishes when it comes to your family, friends, and coworkers.

	eave message y answers yo		our appointmen	ts with a co-worke	r, receptionist ] <i>N/A</i>	, or assistant
	,, , .				<b>,</b>	
2. May we l	eave message	es on a voicema	ail or answering r	nachine regarding	appointments	/treatment at
work?	□ YES	$\square$ NO	□ <i>N/A</i>			
3. May we l	eave message	es on a voicema	ail or answering r	nachine regarding	appointments	:/treatment.at
home?	□ YES	□ <i>NO</i>	$\square$ N/A		аррошино на	,,
4 May we o	liscuss vour a	nnointments/t	reatment with w	our spouse or signi	ficant other?	
4. Way we c	□ YES	$\square$ <i>NO</i>	$\square$ N/A	our spouse or sign	meant other:	
Г. Мауума s	licouse vour o	nnaintmants/t	rootmont with w	our children who o	ro over 10 ves	rs of ago?
5. May we c	uscuss your a □ <i>YES</i>	ppointments/t □ <i>NO</i>	reatment with yo	our children who a	re over 18 yea	rs or age?
6. If you are	over the age	of 18, may we □ <i>NO</i>	discuss your app □ <i>N/A</i>	oointments/treatm	nent with your	parents?
	⊔ YES	□ NO	□ N/A			
7. May we t	ext you regar	ding appointm	ents/treatment?	$\square$ YES	□ <i>NO</i>	□ <b>N/A</b>
8. May we e	email you reg	arding appoint	ments/treatment	t? □ YES	□ <i>NO</i>	□ <i>N/A</i>
9. May we r	nail postcard	s/letters regard	ling appointmen	ts/treatment?	YES 🗆 NO	□ <i>N/A</i>
You must inform us	in writing of	any change(s) i	n your directives	. This record take	s effect at the	beginning of
treatment and will r	emain in you	r file.	·			
Printed Name:	nted Name:			Date of Birth:_	Date of Birth:	
Home Number: Cell					Work Number:	
Email Address:						
Mailing Address:						
Signature:				Date:		
			PHONE	FAX	WEB	
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