



## Specialty Behavioral Health

### PATIENT CONFIDENTIAL COMMUNICATIONS

The Health Insurance Portability and Accountability Act (HIPAA) gives you the right to request that James Carter, Ph.D. 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 form which clarifies how you would like to be contacted or not 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 call me at home
- Do not call me at work
- OK to leave messages with your name and call-back number on answering machine or voice mail
- OK to leave messages with medical information on answering machine or voice mail
- OK to give information to following family member(s), friend/s or co-workers, or others listed below:
- \_\_\_\_\_

#### Written Communications

- 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 below:
- \_\_\_\_\_
- Fax to the following number \_\_\_\_\_
- Do not communicate with me at all via E-mail
- I do not want to communicate by regular E-mail, but encrypted E-mail is ok
- You can communicate via E-mail with me at \_\_\_\_\_

James Carter, Ph.D. will continue to communicate with you according to your initial preferences indicated when you registered as a new patient, unless your above response(s) change your preferences. You may change your preferences again by completing a new form.

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

Patient Signature \_\_\_\_\_

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Please mail this form to: James Carter, 3262 Holiday Ct., Ste. 208, La Jolla, CA 92037