



19420 North 59th Avenue, Suite B-247
Glendale, AZ 85308
(602) 363-0629

COMMUNICATION REQUEST FORM & CONTACT INFORMATION

Under the Health Insurance Portability and Accountability Act (HIPAA), you have a right to request that we communicate with you in a particular way and in a particular place to protect confidentiality of your medical information. Please check below any methods and places we may contact you.

Please print or type all information other than the signature.

I hereby authorize Meagan Foxx, LPC, LISAC and/or any designated business associates to contact me in the following way(s) and at the following location(s):

By Mail at:

Specific instructions (i.e., no return address on envelope, stamped *Confidential* etc.)

By Email at :

Specific instructions (i.e., write first name only, to confirm or cancel appointments only)

Home Phone at:

Specific instructions (i.e., leave first name only, leave phone number only etc.)

Work Phone at:

Specific instructions (i.e., leave first name only, leave phone number only etc.)

Cell Phone at:

Specific instructions (i.e., leave first name only, leave phone number only etc.)

Other Location / Method at:

Specific Instructions:

In case of Emergency, Contact:
Phone:

Relationship:
Alternate Phone:

Client Print Name

Witness Print Name

Client Signature

Date

Witness Signature

Date