

Communication Authorization Form (Contact Request Form)

Consumer Name: _____

Date: _____

ID/Driver License: _____

Date of Birth: _____

I hereby request to receive confidential communications from Dove United Counseling, PLLC regarding appointments, treatment, services, billing, payment and other pertinent information through the following methods of communication.

(Check all that applies): Please legibly complete the following information below.

Home Address (Physical): _____

Mailing Address (If different from above)/Alternate: _____

Home Telephone: (_____) _____

Cellular Phone: (_____) _____

Work Telephone: (_____) _____

Email Confirmation: _____

Text Messages to Cellular Phone: (_____) _____

Other: _____

(Check One Only)

Dove United Counseling, PLLC **MAY** leave messages on my answering machine, voicemail, or with person who answers the phone at my home, cell, work or alternate number.

Dove United Counseling, PLLC **MAY NOT** leave messages on my answering machine, voicemail, or with person who answers the phone at my home, cell, work or alternate number.

Signature of Consumer

Date

Signature of Staff

Date

It is the consumers responsibility to notify Dove United Counseling, PLLC of any changes or adjustments desired for this communication authorization, in writing, within 48 hours.