

# Contact Permissions

I, \_\_\_\_\_ (name) hereby give permission for Dwight Norwood, Ph.D.,L.I.C.S.W., to contact me by telephone or e-mail as indicated below by my initials in order to set or change appointments. I understand I may change or revoke these permissions at any time by sending a letter to: Dwight Norwood, Ph.D., L.I.C.S.W.  
One Kennedy Drive – L6  
S. Burlington, Vermont

Appointment reminder phone: \_\_\_\_\_

Text: \_\_\_ Voice: \_\_\_

Permission to make automated appointment reminder calls: \_\_\_\_\_

Home phone: \_\_\_\_\_

Permission to leave voicemail: \_\_\_\_\_

Permission to leave information with a third party: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Permission to leave voicemail: \_\_\_\_\_

Permission to leave information with a third party: \_\_\_\_\_

e-mail 1: \_\_\_\_\_

Permission: \_\_\_\_\_

e-mail 2: \_\_\_\_\_

Permission: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Name (print): \_\_\_\_\_