

**CLIENT DIRECTIVES FOR CONFIDENTIALITY**

KM COUNSELING/KATHARINE MARTIN may contact you with an appointment reminder the day prior to your appointment. Also, billing statements are sent out monthly, unless the account has a zero balance. Because of the sometimes delicate nature of our practice, please indicate your preferences below to protect your confidentiality.

Please read the following three sections carefully and indicate your preferences for each directive:

**1. Telephone / Text / Email reminder calls:**

- ☐ It is OK to text appointment reminders (list mobile number): (\_\_\_\_\_)\_\_\_\_--\_\_\_\_
- ☐ Check if you have special instructions (indicate the numbers to contact you and any special instructions to use when calling): \_\_\_\_\_

**2. Billing statements** (for statements other than those with a zero balance):

- ☐ It is OK to mail billing statements to your residence.
- ☐ Check if you do not wish to have the billing statement mailed to your home (indicate the special arrangements you prefer): \_\_\_\_\_

**3. Other mailings from the office**

- ☐ It is OK to mail information to your residence.
- ☐ Check if there are special instructions (indicate your preferences): \_\_\_\_\_

**4. Consent to Authorize Release of Information**

- ☐ I am willing to sign a release for KM Counseling / Katharine Martin, Provider to communicate with your Primary Care Physician, *if needed*. (Signed Authorization to Release Information required).
- ☐ Check if you decline to give consent to Authorize Release of Information at this time.

***I have read and checked my preferences regarding the four items detailed above.***

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient (or legal Representative - state relationship)

**For Office Use Only**

Accept \_\_\_ Refuse\_\_\_ Reason:

Privacy Officer: Signature\_\_\_\_\_ Date\_\_\_\_\_