

Mount Comfort Counseling Services

3281 W. Mt Comfort Road, Fayetteville AR 72704

479-738-7059

Glenda Davis, MSC, LMFT, LPC – Therapist

The purpose of this form is to inform you about various contact methods and the restrictions that apply. This will allow us to provide you with the best care while maintaining your privacy.

Phone calls/texts:

May we call or text you on your cell phone? Yes NO

You may text the above number to leave a message but be aware that there might be circumstances in which other people accidentally see the text. Therefore, do not put any information in a text that you consider private. Texts will become part of the case record. This also applies to payment receipts texted to you, therefore if you request a texted receipt, be aware that it may not be private.

May we leave a message on your voice mail or home answering machine asking you to contact our office if we need to get in touch with you? Yes NO

May we call you at work? Yes NO

If your employer calls about you, can we release information to them about your attendance at appointments (not privileged information about your sessions)? Yes NO

Mail/E-mail

May we communicate with you by mail sent to your home address Yes NO
(HIPAA regulations allow us to mail statements to you)

May we communicate with you via e-mail? Yes NO

You may communicate with Mrs. Davis via e-mail, but no counseling will be done that way. Therefore, the communication will likely be unanswered but will become part of the case record. E-mails are personal, but can accidentally be seen, therefore do not disclose any private information in an e-mail. Receipts for payment that you request be sent to you may not be private.

May we release information to your spouse? Yes NO Name _____

Is there anyone you specifically do not want any information released to? Yes NO

If so, whom? _____

Facebook/social media

In the interest of privacy, it is considered good practice for therapists **not** to be Facebook friends with their clients. Therefore friend requests and Instant Messages may be ignored.

Signature of Patient or Responsible Party

Date

Please list two telephone numbers where you may be reached:

1. _____
2. _____

If there are any changes in the information above, it is your responsibility to let our office know so that we may update our records. Thank you.