

SAMARITAN COUNSELING CENTER OF THE NORTHWEST SUBURBS

TELEPHONE CONTACT PERMISSION FORM

NAME: _____ (PLEASE PRINT)

Occasionally, we may find that we need to contact you regarding your appointment or your account. In an effort to protect your privacy, please fill out the following questionnaire on what would be the best way to contact you personally.

MAY WE CONTACT YOU REGARDING YOUR APPOINTMENTS OR YOUR ACCOUNT?

YES NO

WHAT NUMBER DO YOU PREFER TO BE CONTACTED AT?

HOME Home phone number: _____

CELL Cell phone number: _____

WORK Work phone number: _____

IF YOU ARE UNAVAILABLE, MAY WE LEAVE A MESSAGE ON YOUR VOICEMAIL OR ANSWERING MACHINE?

HOME

CELL

WORK

IF YOU ARE NOT HOME, MAY WE LEAVE THE MESSAGE WITH SOMEONE AT YOUR RESIDENCE?

YES NO

PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

If we do not have this form on file, we will NOT call you to remind you of your appointments or any matters regarding your account. You will be notified by mail if the need arises.

SIGNATURE: _____ DATE: _____