

**The Center for Child and Family Advocacy, Inc.  
Preferred Method of Contact  
Consent to Contact**

In general, the HIPAA Privacy Rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is provided the right to request confidential communications or that a communication of protected health information be made by alternative means, such as sending correspondence to the individual's work place instead of the individual's home.

The Privacy Rule generally requires covered entities to take reasonable steps to limit the use of disclosure of, and requests for, protected health information to the minimum necessary to accomplish the intended purposes. These provisions do not apply to uses for disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of protected health information disclosures. Information provided, if completed properly, will constitute an adequate record.

I, \_\_\_\_\_ (printed name), WISH TO BE CONTACTED IN THE FOLLOWING MANNER (check all that apply).

**Verbal Communication/Messages:**

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

<input type="checkbox"/> DO NOT CALL	<input type="checkbox"/> DO NOT CALL	<input type="checkbox"/> DO NOT CALL
<input type="checkbox"/> Leave Detailed Message*	<input type="checkbox"/> Leave Detailed Message*	<input type="checkbox"/> Leave Detailed Message*
<input type="checkbox"/> Leave Call Back Number Only**	<input type="checkbox"/> Leave Call Back Number Only**	<input type="checkbox"/> Leave Call Back Number Only**
<input type="checkbox"/> AM <input type="checkbox"/> PM Preferred	<input type="checkbox"/> AM <input type="checkbox"/> PM Preferred	<input type="checkbox"/> AM <input type="checkbox"/> PM Preferred

\*A *detailed message* would include the agency's name, agency's phone number, and a brief message as to the reason for the call.

\*\*A *call back number only* would include only the agency's phone number and no other identifying information (such as the agency's name or a brief message.)

**Written Communication/Mail/E-Mail:**

DO NOT MAIL ITEMS TO HOME OR WORK  
 DO NOT E-MAIL ITEMS TO HOME OR WORK

Mail items to my home address: \_\_\_\_\_

Mail items to my work address: \_\_\_\_\_

Mail items to a different address: \_\_\_\_\_

E-Mail items to: \_\_\_\_\_

\_\_\_\_\_  
Client's/Parent's/Guardian's Printed Name

\_\_\_\_\_  
Client's/Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCFA Staff Member's Printed Name

\_\_\_\_\_  
CCFA Staff Member's Signature

\_\_\_\_\_  
Date