



**Client Information & Confidentiality Preferences**

*(please print clearly)*

Name(s): \_\_\_\_\_

Today's date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

*Address to which this office may send correspondence:*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Telephone numbers at which Dr. Smith may reach you:*

Home: \_\_\_\_\_ Is it OK to call you at this number? YES / NO  
Is it OK to leave messages? YES / NO

Cell: \_\_\_\_\_ Is it OK to call you at this number? YES / NO  
Is it OK to leave messages? YES / NO

Work: \_\_\_\_\_ Is it OK to call you at this number? YES / NO  
Is it OK to leave messages? YES / NO

*Email address to which correspondence may be sent:* \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

I have been offered a copy of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and I understand my rights as a client.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Minor (if applicable)

How did you hear about Dr. Smith? \_\_\_\_\_