

***Client Communication Preferences***

***Sue E. Ouellette, LMFT***

I would like to be contacted in reference to care by (please check and fill in all that apply):

Home Telephone #: \_\_\_\_\_

Okay to leave message with detailed information

Please leave a message with a call back number only

Work Phone # \_\_\_\_\_

Okay to leave message with detailed information

Please leave a message with a call back number only

Cell Phone # \_\_\_\_\_

Okay to leave message with detailed information

Please leave a message with call back number only

Confirmation text regarding upcoming appointment

***Regarding Text and Email***

It is my duty to inform you that email and text messages are not secure. We cannot protect your confidentiality when these modes of communication are used. I prefer to use text only to arrange or modify appointments. Please do not e-mail or text message me content related to your therapy sessions, as electronic communication is neither completely secure, nor confidential. If you chose to use these modes of communication, you acknowledge there is some risk of others reading these messages. E-mail and text messaging are not effective means for communicating with me in a clinical emergency and are not an accepted medium for last minute cancellations. Please use the phone for emergencies and cancellations which are received within 24 hours of an appointment. In addition we only use social media for advertising, not for communication with or about clients.

Client Signature \_\_\_\_\_  
(or party legally responsible for a minor)

Print Name \_\_\_\_\_

Date \_\_\_\_\_