

# **Willow Wellness Center**

## **Client Communication Preferences**

Given the sensitive nature of communications around psychological and other health services, we ask you to consider how you would prefer to receive communications from us—including changing or confirming appointment times, newsletters, client satisfaction questionnaires, thank you/follow-up communications, and financial statements.

\* Please note that although electronic messaging (such as email or texts) are not considered secure or confidential, we do give clients the option of using these forms of communication, with informed consent, because of their convenience and ease of use.

**Contact me in the following manner (write in preferred phone # or email):**

\_\_\_ **Cell phone number** \_\_\_\_\_

\_\_\_ **OK to leave message with detailed information**

\_\_\_ **\* OK to receive and send text messages**

\_\_\_ **Leave message with call-back number only**

\_\_\_ **Do not leave message**

\_\_\_ **Email address** \_\_\_\_\_

\_\_\_ **\* OK to receive and send email messages**

\_\_\_ **OK to send monthly e-newsletter to this email address**

\_\_\_ **OK to send periodic email notifications of classes or events**

\_\_\_ **Home telephone number** \_\_\_\_\_

\_\_\_ **OK to leave a message with detailed information**

\_\_\_ **Leave message with call-back number only**

\_\_\_ **Do not leave message**

\_\_\_ **Work telephone number** \_\_\_\_\_

\_\_\_ **OK to leave message with detailed information**

\_\_\_ **Leave message with call-back number only**

\_\_\_ **Do not leave message**

\_\_\_ **Written communication, including financial statements**

\_\_\_ **OK to mail to my home address on file**

\_\_\_ **OK to (other)** \_\_\_\_\_

**Client signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_