

**Kim Shaffer, LCPC Counseling Services LLC**  
**2025 Glenwood Avenue**  
**Hermon, ME 04401**  
**207-991-5818**

## **Client Confidential Communications**

The Health Insurance Portability and Accountability Act (HIPAA) gives you the right to request that **Kim Shaffer, LCPC Counseling Services LLC** communicates financial and/or medical information to you in confidence by a particular method or certain locations.

In order to protect the privacy and confidentiality of your information; please complete the following which tells me how you would like to be contacted. **I wish to be contacted in the following manner (check all that apply):**

### **Telephone Communications**

It's okay to call me on this cell phone number: \_\_\_\_\_

Do not contact me by phone or leave messages.

You may leave me a message including your name and a call-back number on my phone

### **Written Communications**

It's okay to mail information to my home address on file

It's okay to Text Message me using the following telephone number: \_\_\_\_\_

It's okay to fax information to me using the following fax number: \_\_\_\_\_

I do not want to communicate with you by E-mail, fax, text message or cell phone.

It's okay to communicate with me via the following E-mail: \_\_\_\_\_

### **Telehealth**

It's okay to have a counseling session via Zoom or Telephone.

**I will continue to communicate with you according to your above response(s) until you change your preferences. You may do so by completing a new form. Please note that I must have current information in order to reach you to reschedule your appointment or cancel if necessary. Without provision of current information, it's possible that, you might show up for an appointment and find that your appointment has been cancelled or rescheduled.**

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_