

Look Whoo's Talking, LLC
616 State Rd 13 Suite
Fruit Cove, Florida, 32259
(727)-667-7282

<https://www.facebook.com/lookwhoostalkingllc>

Communication Preference Form

Client Name: _____

Date of Birth: _____

In an effort to ensure your privacy, it is important for us to understand your preferred method of receiving and communicating medical and administrative information pertaining to your therapy. As such, please indicate your communication preferences below.

For medical and administrative information pertaining to me such as clinical documentation, appointment reminders, therapy updates, etc. I hereby grant permission to Look Whoo's Talking, LLC and/or Chelsea Knowles, MS, CCC-SLP to do the following:

Written Documentation and Verbal Information

I grant permission to provide me with written communication via unencrypted email service. I understand that with this option, written communication may be viewed by an unintended third party and I fully accept this risk.

I grant permission to provide me with written communication (such as appointment reminders or cancellations) via text message. I understand that with this option, written communication may be viewed by an unintended third party and I fully accept this risk.

I elect to receive clinical information in person or via telephone through the number provided.

I grant permission to leave relevant medical information on my answering machine or voicemail. I also give

permission to release medical information pertaining to the client to the individuals listed below:

Sharing of Information

Individual's Name Relationship to Client Email Address and/or Phone Number 1.

2.

I understand that it is my responsibility to inform the practice of changes to my preferred contact information or my communication preferences, as well as, to revoke this authorization at any time.

Print Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client