

# Alison Moulton

SPEECH, LANGUAGE & LEARNING

## COMMUNICATION PREFERENCE

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 child's speech and language therapy. As such, please indicate your communication preferences below.

For medical and administrative information pertaining to me or my child, such as clinical documentation, appointment reminders, therapy updates, etc., I hereby grant permission to Alison Moulton Speech, Language, and Learning PLLC to do the following:

### Written Documentation and Verbal Information

- I grant permission to provide me with written communication via HIPAA compliant encrypted email service via the email(s) I provided. I understand that with this option, written communication may be viewed by an unintended third party once I open the email or reply to the message and I fully accept this risk.
- I grant permission to provide me with written communication via unencrypted email service. I understand that with this option, there is a risk of written communication being intentionally or unintentionally intercepted, received, or viewed 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 grant permission to provide me with written communication via USPS.
- I elect to receive clinical information in person or via telephone through the number(s) I provided.

I grant permission to leave relevant protected health information on my answering machine or voicemail. I also give permission to release medical information pertaining to my child to the individuals listed below:

**SHARING OF INFORMATION**

Individual's Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Email Address and/or Phone Number: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Email Address and/or Phone Number: \_\_\_\_\_

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