

Client Communications Preferences Sheet

I wish to be contacted by Coastal Neuropsychology Services in the following manner (please check all that apply):

- Mobile phone (_____) _____ - _____
- Leave only name and phone number
 - Leave a detailed message
 - Send text message reminders of appointments
- Home phone (_____) _____ - _____
- Leave only name and phone number
 - Leave a detailed message
- Work phone (_____) _____ - _____
- Leave only name and phone number
 - Leave a detailed message

Please send my final report of results to:

- I will pick up report from the office when ready
- Physical Mailing Address _____
- Email* _____

***Email/Internet Privacy Notice:**

I have reviewed and signed the Coastal Neuropsychology Services Email Guidelines. Although unlikely, I accept that a breach of my privacy could occur when sending information over the internet and/or when communicating by email. If choosing to have my final report sent to me by email, I am willing to accept that risk. I also understand that I have the option of obtaining the final report of results in person or having it sent to a physical mailing address.

Client Signature

Date

Printed name

JESSE CHASMAN, PH.D. | COASTAL NEUROPSYCHOLOGY SERVICES, P.A.