



Please indicate any concerns you may have regarding how Lake Cook Behavioral staff should handle any confidential information that we may need to communicate with you:

PHONE:

Ok to leave voicemail on: Cell Phone Home Phone:

Ok to leave message with others answering your phone: Yes No

Any concerns when communicating by phone:

MAIL:

Correspondence should be mailed to: Home Address Other Address No Mail

Other address:

Any concerns when communicating by mail:

EMAIL:

In some cases, the office or your therapist may communicate with you by e-mail.

Ok to send email regarding scheduling: Yes No

Ok to send email regarding office/administration information: Yes No

Any concerns when communicating by email:

BILLING:

We prefer to send invoices by email. If you elect to not receive invoices by e-mail, you will receive them in the mail per your billing information.

The billing invoices will only contain the client name and dates the client was seen.

I authorize Lake Cook Behavioral Health to send billing invoices via e-mail: Yes No

Please send invoices to the e-mail address:

Name: Date: