



INSTRUCTIONS FOR HANDLING CONFIDENTIAL INFORMATION

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 a voicemail on: Cell Phone: Home Phone:

Ok to leave a message with others answering your home phone:

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. Please indicate whether:

OK to send e-mail regarding scheduling: YES NO

OK to send e-mail regarding office/administrative information: YES NO

Any other concerns we when communicating with you by e-mail: _____

BILLING:

We prefer to send invoices by e-mail. If you elect to not receive invoices by e-mail, you will receive them in the mail per your billing information. The billing voices 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 (please write clearly): _____

Signature: _____ Date: _____
