

PRIVACY AND COMMUNICATION PREFERENCE SHEET- ADOLESCENT

PART 1

We acknowledge that we have assessed our needs for privacy, that we have read all of the information provided by Dr. Federici, have done additional research in areas of concern, that we have weighed the risks and benefits of various modes of communications and I understand that there are many security risks using phones, cell phones, text messaging, and email with conveying messages, especially confidential messages, that Dr. Federici answered any questions that we may have had about confidentiality and security related to communications, that are aware that it is impossible to protect against all security breaches, that we are aware that human errors can happen, and will not hold Dr. Federici liable for breach of security.

(please check one box with your selection, and both parties please initial each checked box, alongside each other)

- COMMUNICATION FOR APPOINTMENT SCHEDULING ONLY**
I DO NOT consent to having any communications outside of Dr. Federici’s office except related to scheduling appointments, rescheduling appointments, or cancelling appointments. I understand that Dr. Federici will discuss all other matters during in-person therapy sessions.

(You must provide one method of communications for appointments)

If Dr. Federici needs to cancel or reschedule an appointment he may contact me via as follows:

- via text _____ (enter number)
- via phone _____ (enter number)

Is it OK to leave a voice message? yes no

- FOR APPOINTMENT AND CONFIDENTIAL COMMUNICATIONS**
I acknowledge that I am aware of the risks involved to the confidentiality of my private information, and despite that am willing to take the risks involved. I agree to take the necessary safety precautions to protect my privacy that I feel are necessary to achieve the level of security I need.

I consent to the following modes of communication with Dr. Federici.

- via text _____ (enter number)
- via phone _____ (enter number)
- via email _____ (enter address)

Is it OK to leave voice messages? yes no

PART 2

In addition to my acknowledgment of PART 1, I also, acknowledge that if our only communication with Dr. Federici outside of in-person sessions is appointment related, we will never be charged for a Notable Event or Impromptu Session. If the patient or the parents communicate with Dr. Federici outside of sessions on matters other than appointments, we may be charged for a Notable Event or an Impromptu Session, and the parent(s) will be responsible for those charges, whether or not we were informed during that communication. Dr. Federici has answered any of our questions in this matter as well, and the patient is not signing this under any duress. We may revoke this consent by notifying Dr. Federici in writing, and completing an updated form.

(A minors signature is required for patients 14 and older)

Signature of Patient

Date

Signature

Date

Relation, if not Patient