

Montana City Counseling

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herein after referred to as "Provider"

Patient's General and Emergency Contact Information Sheet

Please complete this form by indicating a check mark in each section that would be an acceptable manner in which our Practice can contact you.

- "Please keep in mind that communications via email, over the internet and through texting are not secure. Although it is unlikely, there is a possibility that information you include in an email or text can be intercepted and read by other parties besides the person to whom it is addressed."

I wish to be contacted by my Provider in the following manner (please check all areas that would be an acceptable manner to the Provider to contact you):

Initial _____ Please contact me on CELL PHONE:
 Provider can leave their name and phone number only when they call.
 Provider can leave a detailed message when they call.
 Provider can contact me and communicate with me VIA TEXT messaging

Initial _____ Please contact me on my home phone:
_____ Provider can leave their name and phone number only when they call.
_____ Provider can leave a detailed message when they call.

Initial _____ Please contact me at work:
_____ Provider can leave their name and phone number only when they call.
_____ Provider can leave a detailed message when they call.

Initial _____ Provider can mail or email information such as appointment reminders and future clinical sponsored programs.
_____ Provider can mail information to my home address.
_____ Provider can mail information to my work address.
_____ Provider cannot mail information to my home or work address, except statements of my account.
_____ Provider may send email messages such as appointment reminders at the following email address: _____

Initial _____ I hereby give permission to Provider to release medical information pertinent only to my current medical condition to: _____

Patients Name (Please Print)

Signature of Patient or Guardian

Date