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Client Confidential Communications

The insurance Portability and Accountability Act (HIPAA) give you the right to request that Michelle Gaspar, LCPC Coast 2 Coast Counseling, communicates financial and/or medical information to you in confidence by a method or certain locations. ***Please note that my email is HIPAA compliant and messages are sent encrypted for your safety and privacy.***

In order to protect the privacy and confidentiality of your information; please complete the following which tells me how you would like to be contacted. **I wish to be contacted in the following manner (check all that apply):**

Telephone Communications

- ☐ It's okay to call me on this cell phone number: _____
- ☐ Do not contact me by phone or leave a message
- ☐ You may leave a message including your name and a call-back number on my cell phone

Written Communication

- ☐ It's okay to mail information to my home address on file.
- ☐ It's okay to Text message me using the following number: _____
- ☐ It's okay to fax information to me using the following fax number: _____
- ☐ I do not want to communicate with you by E-mail, fax, text message or cell phone.
- ☐ It's okay to communicate with me via this email: _____

I will continue to communicate with you according to your above response(s) until you change your preferences. You may do so by completing a new form. Please note that I must have current information in order to reach you to reschedule your appointment or cancel if necessary. Without provision of current information, it's possible that, you might show up for an appointment and find that your appointment has been cancelled or rescheduled.

Client's Signature

Date: