

Circle of Love Counseling & Care Center



Client Contact Information for Messages and Written Correspondence

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made to alternative means, such as sending correspondence to the individual's office instead of the individual's home.

**Circle of Love Counseling & Care has permission to contact me at the following:
(check all that apply and insert phone number)**

___ Home telephone # _____ OK to leave a message with
detailed information OK to leave a message with other family members

___ Cell Phone # _____ OK to leave a message with
detailed information OK to leave a message with person answering

___ Work Telephone # _____ OK to leave a voicemail
message with detailed information OK to leave a message with
_____ (name of person)

Written Communication

___ OK to mail to my home address: _____

___ OK to E-mail me at: _____

___ OK to fax to this number: _____

Kimberly Coney MDIV, BCPC
Circle of Love Counseling Care Center
2140 Eastman Ave #112
Ventura, CA
Phone (310-962-5947)

Circle of Love Counseling & Care Center

_____ / ____ / ____
Client Signature Printed Name Date

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