Method of Communication Permission

The UNCG Speech and Hearing Center has permission to contact______________________________ via the following methods:

Please write a ‘P’ next to your preferred method of communication.

- Home phone ________________
- Cell phone ________________
- Work phone ________________
- E-mail* __________________
- US Mail __________________

Are we allowed to leave you a phone message? Yes __ No ___
Are we allowed to leave a message with someone else in your household? Yes___ No ____
If yes, with whom? ________________________________

*Please note: E-mail is sent over the Internet and is not encrypted. Therefore, it is not a secure method of communication and any protected health information contained therein may be disclosed to or intercepted by unauthorized third parties.

Signature of client or representative: ________________________________
Authority or relationship to client: ________________________________
Date: ________________