



Calvary Counseling Center
 9300 Forest Point Circle, Manassas, VA 20110
 Tel: (703) 530-9800; Fax: (703) 530-9805

Patient Record of Disclosures

I wish to be contacted in the following manner (Check all that apply):

- Home Telephone
- OK to leave detailed information message
- Leave message with call-back number only
- OK to fax to this number
- Cellular Phone
- OK to leave detailed information message
- Leave message with call-back number only
- OK to fax to this number
- Written Communication
- OK to mail to my home address
- OK to mail to work/office address
- OK to e-mail
- Work Telephone
- OK to leave detailed information message
- Leave message with call-back number only
- OK to fax to this number

Important persons to contact in case of an emergency (Please provide name and telephone number):

<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent	<input type="checkbox"/> Friend	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Other
# _____	# _____	# _____	# _____	# _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Patient Signature: _____ Date: _____

Patient Printed Name: _____ Patient Date of Birth: ___/___/_____

Record of Disclosures of Protected Health Information

<u>Date</u>	<u>To Whom Disclosed</u>	<u>Phone/Fax/Address</u>	<u>Purpose of Disclosure</u>	<u>By Whom Disclosed</u>