



### **Privacy and Confidentiality Agreement**

The staff at BPA is very interested in protecting your right to privacy. To better assist us in this endeavor, please complete the items listed below.

In the event that our staff needs to contact you regarding appointments, billing, scheduling, insurance or other office/clinical issues, please indicate below how we may contact you.

- May we leave a message at home? Y    N    NA
- May we leave a message on your cell? Y    N    NA
- May we leave a message with a spouse? Y    N    NA
- May we leave a message with another adult in the home? Y    N    NA
- May we leave a message with a child? Y    N    NA
- May we call you at work? Y    N    NA
- May we leave a message for you at work? Y    N    NA
- May we e-mail you? (to confirm appts, BPA program news & updates, etc.) Y    N    NA

If yes, please provide your email address: \_\_\_\_\_

- May we text you? (to confirm appointments only) Y    N    NA

If yes, please provide phone number: \_\_\_\_\_

Please list one or more phone numbers where we may contact you.

Primary # \_\_\_\_\_ (C)(H)(W)    Name: \_\_\_\_\_    Relationship: \_\_\_\_\_

Secondary# \_\_\_\_\_ (C)(H)(W)    Name: \_\_\_\_\_    Relationship: \_\_\_\_\_

Additional # \_\_\_\_\_ (C)(H)(W)    Name: \_\_\_\_\_    Relationship: \_\_\_\_\_

Is there anything else we should know that would enable us to better protect your privacy? \_\_\_\_\_

In providing the above information, I hereby authorize BPA to contact me via the methods listed above. I realize that I have the right to alter the above agreement at any time by requesting a new "Privacy and Confidentiality Agreement" form, completing it and returning it to the office staff. I have read this form and/or have had it read to me and explained in language that I can understand.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Patient/Parent/Guardian