



## **Communication Form**

As your involvement in counseling is confidential, Mindful Upstate wants to protect your privacy when communicating with you. Please indicate ways that Mindful Upstate can communicate with you:

### **Preferred phone number for contact:**

(Please keep in mind this phone number may be used to communicate with you about confidential personal health information)

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Is this a cell phone?

If yes, are you willing to accept text message communication?

### **Preferred Email:**

Are you willing to receive email communication from Mindful Upstate?

### **Mailing address:**

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Are you willing to receive postal communication from Mindful Upstate?

Which form of communication do you prefer for scheduling appointments, changes to or reminders for appointments, and treatment related communication?

I acknowledge that my signature below confirms my consent for Mindful Upstate to communicate with me using all forms of communication as identified within this form.

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Printed name of client

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Signature of client/guardian of minor

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Date