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## Confidential Handling of Health Information

All reasonable requests to communicate with you and to convey health information, as well as billing information, using your preferred methods, will be accommodated. Please indicate **ALL** methods by which you approve receiving your health and/or billing information.

I, \_\_\_\_\_, request that Alvord, Baker  
(First and Last Name)  
& Associates, LLC handle confidential health information in the following way(s):

<p><b>Call me at the following number(s):</b></p> <p>Home _____</p> <p>Cell _____</p> <p>Work _____</p> <p><b>Fax me at</b> _____</p> <p><b>Email me at</b> _____</p> <p><b>Send to me at the following address:</b></p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City, State, Zip</p>
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I understand that there may be times when I may provide my therapist with additional means for communication, outside of those listed above. It will be understood that these too will be considered patient authorized confidential communications.

\_\_\_\_\_  
Client/Guardian Signature 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to patient if signed on behalf of the patient by parent, legal guardian, personal representative, etc.