

# PATIENT RECORD OF DISCLOSURES

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

- Home Telephone: \_\_\_\_\_
- Leave a message with detailed information
- Leave a message with call-back information
- Cell Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_
- Work Telephone: \_\_\_\_\_
- Leave message with detailed information
- Leave message with call-back number only
- Written Communication
- Mail to my home address
- Mail to my work office address
- Other (spouse, child, etc...)

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Patient Signature

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Date