

FAMILIES IN TRANSITION, INC.
Privacy and Confidentiality Agreement

FIT is highly invested in protecting your privacy and confidentiality in the therapy and consultation setting. Please provide the following information to better assist us in protecting your privacy when we need to contact you for scheduling or billing purposes:

- | | | | |
|----------------------------------|---|---|----|
| 1) Message on your VM at home | Y | N | NA |
| 2) Message left with your spouse | Y | N | NA |
| 3) Message left with a parent | Y | N | NA |
| 4) Message left with a roommate | Y | N | NA |
| 5) Message left with a child | Y | N | NA |
| 6) May we call you at work? | Y | N | NA |
| 7) Message left for you at work | Y | N | NA |
| 8) Email message | Y | N | NA |

If yes, please list email address: _____

If we call you to confirm or cancel/reschedule an appointment, please let us know how you would like us to contact you:

In providing the above information, I hereby authorize Families In Transition, Inc. 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," completing it, and returning it to the front desk staff. I have read this form and/or have had it read to me, and explained in language that I can understand.

Date: _____

Signed: _____

Witness: _____