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PATIENT RECORD OF DISCLOSURES

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

- Home Telephone _____
 - OK to leave message with detailed information
 - Leave message with call-back number only
- Work Telephone _____
 - OK to leave message with detailed information
 - Leave message with call-back number only
- Written Communication
 - OK to mail my home address
 - OK to mail to my work/office address
 - _____
 - _____
 - OK to fax to this number
- Other _____
- _____

Patient Signature

Date

Print Name

Birthdate