

## **PERMISSION TO SEND MAIL TO CLIENTS**

From time to time, you may find it necessary to send regular mail to a client's home address. If that mail identifies you as the client's therapist, you should keep your client's confidentiality in mind.

You can raise the issue of whether or not the client wishes to receive mail from you during the initial session, or when the need comes up. However, there are situations when your office may need to contact your clients by mail without your involvement (for example, if you have a serious illness or are otherwise unable to perform your normal duties).

This form can be modified to suit your individual needs without further permission.

## Permission to Send Mail

Occasionally it might be useful or necessary for your therapist to send you information by mail. If you believe this would compromise your privacy or safety, you have the right to deny permission and request an alternate form of communication, such as phone contact. If your circumstances change, you can withdraw your permission to receive mail at any time.

I give permission for \_\_\_\_\_ (*name of therapist or practice*) to send written communication to my home address via mail. I understand I may withdraw this permission at any time.

\_\_\_\_\_  
Signature Date

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

***You may prefer to have mail sent to an alternate address instead, such as your business address, a friend's home, or a mailbox service. If so, please complete the following section:***

I give permission for \_\_\_\_\_ (*name of therapist or practice*) to send written information to the alternate address below, instead of my home address. I understand I may withdraw this permission at any time.

\_\_\_\_\_  
Signature Date

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

Name of business or name of person mail should be sent "in care of," if any:

\_\_\_\_\_

Street Address (include apartment or suite number):

\_\_\_\_\_

City, State, and Zip Code:

\_\_\_\_\_

Should your name appear in the address? Yes \_\_\_\_\_ No \_\_\_\_\_