

Cogent Psychiatric Services

Certification of the Patient's Permission For Communications Contact Information

The Patient's Communications Contact Information

Name of the Patient:

The Contact Information provided on this document will be utilized for the purposes of Official Communications.

Please List the Email Addresses that we are permitted to use to contact you:

Point of Contact	Email Address	Availability
Home		
Work		
Other (1)		
Other (2)		
Other (3)		

Please List the Phone Numbers (with the Area Code) that we are permitted to use to contact you:

Point of Contact	Phone Number (including the Area Code)	Availability
Cell		
Home		
Work		
Other (1)		
Other (2)		

In the event that we are unable to reach you directly, may we leave a message at one of the following:

Point of Contact	Yes	No
Home Answering Machine?		
Cellular Voice Mail?		
Work Voice Mail?		

If we need to contact you at work and you are unavailable, may we leave a message with the receptionist for a call back to our office?

Yes	No	Do Not Contact the Receptionist

Please leave the Name of any person or persons that may be involved in your Healthcare with whom we may be permitted to discuss your Medical Status (Spouse, Partner, Parent, etc.):

Name	Relationship	Phone Number (including the Area Code)

The Patient authorizes and permits the utilization of the Contact Information for Official Communications.

Patient's Name:

Date:

Patient's Signature:

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