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**Acknowledgment of Receipt of Notice of Privacy Practices  
And  
Request for Confidential Communication**

I have received a copy of the Notice of Privacy Policies for the office of Morgan Counseling Services

Furthermore, I have read the privacy policies and I consent to the use of my PHI or my child's PHI for the purpose of healthcare operations, treatment, and payment activities. I understand that any and all methods of communication (telephone, text, and email) are not guaranteed to be secure or received. Even so,

I would like you to contact me by telephone at the telephone numbers listed below:

Phone: \_\_\_\_\_ (home) Please **Do / Do Not** leave a message on voicemail (circle one)

Please **Do / Do Not** leave a message with another person

Phone: \_\_\_\_\_ (cell) Please **Do / Do Not** leave a message on voicemail

Please **Do / Do Not** leave a message with another person

I would like to communicate with MCS via text using this number below:

Phone Number: \_\_\_\_\_

I would like to communicate with MCS using the email address below:

Email Address: \_\_\_\_\_

**Please note – if you indicate that you do not want a message left on your voicemail, you do not want to be emailed, and you do not want to receive texts, we cannot leave you a message should an appointment need to be cancelled.**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if client is a minor)

\_\_\_\_\_  
Date