

Agreement Regarding Communications with Clients

In line with my commitment to doctor-patient confidentiality, as well as the laws pertaining to confidentiality in the State of Massachusetts, I would appreciate written permission from you as to how, as a licensed health care professional, I might communicate with you in the future when we are not face-to-face in the office or speaking via a web-based platform.

Please check which form of communication you will accept should I have to contact you regarding scheduling, cancellations of appointments, and/or billing issues. Check all that you agree to:

_____ **Email**

_____ **Phone**

_____ **Text message**

Dr. Harry Sobel's email: h.sobel@comcast.net

I fully understand Dr. Sobel's communication policy as described above and agree.

Name _____

Signature _____

Date _____

Thank you.