

Sonja Glad, MA, DPsS, LCPC
Licensed Clinical Professional Counselor
901 S. Second St. Suite 100
Springfield, IL 62704
Phone: 217-720-5981

Client Directives for Confidentiality

Sonja Glad may contact you with an appointment reminder the day prior to your appointment. Also, we send our billing statements monthly unless the account has a zero balance or insurance information is pending. Because of the sometimes delicate nature of my practice, please indicate your preferences below so that I can protect your confidentiality.

Please read the following four sections **carefully** and indicate your preferences:

1. Telephone reminder calls:

- Check box if there are no special instructions.
- Check box if you have special instructions and indicate below the numbers to contact you and any special instructions to use when calling:

2. Billing statement (for statements other than those with a zero balance):

- Check box if there are no special instructions.
- Check box if you do not wish to have the billing statement mailed to your home, and indicate the special arrangements you have made with Sonja Glad:

3. Other mailing from our office

- Check box if there are no special instructions.
- Check box if there are special instructions and indicate your preferences below:

4. Consent to Authorize Release of Information

- Check box if you would be willing to sign a release for Sonja Glad to communicate your Primary Care Physician if needed.
- Check box if you decline to give consent to Authorize Release of Information.

I have read and checked my preferences regarding the four items detailed above.

Printed name

Date

Signature of Patient (or legal Representative-state relationship)