



Communication Preferences Form

I (we) specify below the forms of communication we acknowledge as acceptable and preferred for the staff of SIGN POST RELATIONSHIP SOLUTIONS to communicate with me (us):

- Home phone
 - (leave a full message – name, agency, details)
 - (leave name and a call back number only)

- Cell phone
 - (leave a full message – name, agency, details)
 - (leave name and a call back number only)

- Email _____

- Fax _____

- Direct mail

- Text message
 - (leave a full message – name, agency, details)
 - (leave only appointment details)

- Video conference
 - Doxy.me (secure, HIPAA compliant)
 - Signal app (secure, HIPAA compliant)

Signature of Client

Date

Signature of Client

Date

Sign Post Staff

Date