



Phone Privacy Release

Please note highlighted upon review.

I do or do not allow Judson Center support staff to contact me with reminder phone calls regarding my scheduled appointment time, including dates, times, cancellations, etc.

Yes No

By signing below, I agree to allow Judson Center to contact me by phone. I have indicated my preferences regarding the use of my home, work, and cell phone numbers, including the use of voice mail.

Judson Center values your right to privacy and confidentiality. In the event that the Judson Center Staff may wish to contact you regarding a scheduled appointment, including dates, times, cancellations, etc., please be assured that every effort will be made to protect your privacy as indicated by your preferences.

Phone number	Judson Center has my permission to leave a recorded message. (Please indicate yes or no)	Persons with whom a message can be left.
Home:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Employment:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Cell:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Current Address: City: Zip Code:	Judson Center has my permission to mail letters with the Judson Center name and logo (Please indicate yes or no) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Consumer/Parent/Guardian

Date

Judson Center, staff

Date