Suburban Psychiatric Associates, L.L.P.

Limits of Confidentiality

In the event the practice or mental health professional must telephone the patient for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please list where we may reach you by phone and how you would like us to identify ourselves. For example, you might request that when we phone you at home or work, we do not say the name of the practice or the nature of the call, but rather the mental health professional's first name only.

If this information is not provided to us (below), we will adhere to the following procedure when making phone calls: First we will ask to speak to the patient (or legal guardian) without identifying the name of the practice. If the person answering the phone asks for more identifying information we will say that it is a personal call. We will not identify the practice (to protect confidentiality). If we reach an answering machine or voice mail we will follow the same guidelines.

PLEASE CHECK PLACES WHERE YOU MAY BE REACHED BY PHONE. Include phone numbers and how you would like us to identify ourselves when phoning you.

| HOME_ | | | YES | No |
|------------------|--------------------|---------------------------------------|------------------------------|--------------|
| | Phone number | How should we identify ourselves? | May we say the pra | actice name? |
| WORK _ | | | YES | No |
| | Phone number | How should we identify ourselves? | May we say the pra | actice name? |
| OTHER | | | YES _ | No |
| | Phone number | How should we identify ourselves? | May we say the practice name | |
| I agree to the a | above limits of co | onfidentiality and understand their n | neanings and ramif | ications. |
| | | | | |
| | e (please Print) | Patient (or Legal Guardian) | G. 1 | Date |
