



Joanna T. Koulianos, Ph.D. and Associates, Inc.  
22 N Florida Street Mobile, AL 36607  
P: 251.300.2743 F: 251.217.9079

## Consent & Alternate Contact Form

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(first name last name) (mm/dd/yy)

Printed name of client's representative: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

### NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I have received a copy of Joanna T. Koulianos, Ph.D. and Associates, Inc. Notice of Privacy Practices.

Signature of client or client's representative \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT TO SERVICES

I hereby give my consent for services in this psychology practice, Joanna T. Koulianos, Ph.D. and Associates, Inc. to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations. (Joanna T. Koulianos, Ph.D. and Associates, Inc. Notice of Privacy Practices Policy (NPP) provides a more complete description of such uses and disclosures.)

I have the right to review the NPP prior to signing this consent. Joanna T. Koulianos, Ph.D. and Associates, Inc. reserves the right to revise the NPP at any time. A revised NPP may be obtained by delivering a written request to Joanna T. Koulianos, Ph.D. and Associates, Inc. representative at 1956 S. University Blvd., Suite J., PMB 196 Mobile, AL 36609.

Signature of client or client's representative \_\_\_\_\_ Date \_\_\_\_\_

### RIGHT TO REQUEST AN ALTERNATIVE MEANS OF CONTACT

With the above signed consent, Joanna T. Koulianos, Ph.D. and Associates, Inc. may contact me in reference to any items that assist in the practice in carrying out treatment, payment and healthcare operations, such as appointment reminders, account and insurance items and any other calls pertaining to clinical care. I accept all methods of contact specified below:

- ☐ I accept ALL methods of contact listed below
- ☐ Home address
- ☐ Additional home address: \_\_\_\_\_
- ☐ Home phones and voicemail
- ☐ Mobile phones and voicemail
- ☐ Work phones and voicemail
- ☐ Personal email
- ☐ Work email
- ☐ Other: \_\_\_\_\_

Signature of client or client's representative \_\_\_\_\_ Date \_\_\_\_\_