

**Deborah C. Neel, Ph.D.**

**telephone:** (919) 781-8810

**e-mail:** DrDeb@atriumphsychology.com

**www.atriumphsychology.com**

**Office Address:** 5540 Centerview Dr., Suite 200  
Raleigh, N.C. 27606

**Mailing Address:** 103 South DeVimy Court  
Cary, N.C. 27511

## Request for Confidential Handling of Health Information

I, \_\_\_\_\_, request that:  
(Print First and Last Name of patient/recipient)

Dr. Deborah (Debbie) Neel, 5540 Centerview Dr., Suite 200, Raleigh, NC, 27606,  
handle my confidential health information in the following way:

A. Unless otherwise specified, I may receive communication of my health information at any of the phone numbers, address(es), and email that I have provided to Dr. Neel on the Registration Form.

B. All reasonable requests to receive communication of your health information at alternative locations will be granted. **Please complete the following section only if you want communications regarding health care information sent to an alternate address** (other than provided on the Registration Form). Please describe the alternative means by which you prefer to receive health information.

---

---

---

---

---

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)