

Deborah C. Neel, Ph.D.

Licensed Psychologist/Certified Sex Therapist

2417 Atrium Dr., Suite 200

Raleigh, N.C. 27607

DrDeb@atriumphsychology.com

www.atriumphsychology.com

Tel (919) 781-8810

Fax (919) 781-1070

Request for Confidential Handling of Health Information

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

Dr. Deborah (Debbie) Neel, 2417 Atrium Dr., Raleigh, NC, 27607, 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 and address(es) that I have provided to Dr. Neel on the Patient 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 residence). Please describe the alternative means by which patient prefers to receive health information.

(Signature)

(Date)

(Print Name)