

The SIMS Foundation may use electronic transmission of data (including email and fax) as a means of communicating with clinical staff, SIMS' providers and other individuals who are involved in the client's personal treatment. Clients will be identified by first and last initial and SIMS Client ID only.

In the event that SIMS clinical staff must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve your confidentiality. Please list your preferred phone number and how you would like us to identify ourselves. For example, you may request we call you at home or work, but not say the name SIMS or the nature of the call, leaving only the first name of the staff person calling.

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

**Client Name:**

**Phone Numbers:**

**May we identify ourselves as SIMS?**

**If no, how should we identify ourselves?**

**Home/Other:**

**YES NO**

**Cell:**

**YES NO**

**I agree to the above limits of confidentiality and understand their meanings and implications. This document will remain in effect until I terminate my services with The SIMS Foundation or rescind my consent in writing, with written notice to The SIMS Foundation.**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date of Signature**

\_\_\_\_\_  
**Printed Name of Client**

\_\_\_\_\_  
**SIMS Client ID #**

*(If client is a minor)*

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date of Signature**

**Attention Provider: Each client (including individuals engaged in couples, family, group, or Band Aide sessions) must complete this form during their initial session. Please return this signature page to The SIMS Foundation by the client's 4<sup>th</sup> session, as stated in the SIMS Policy for Providers.**