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REQUEST FOR CONFIDENTIAL HANDLING OF HEALTH INFORMATION

I, \_\_\_\_\_, request that  
(print first and last name of patient)

\_\_\_\_\_ handle my  
(psychologist's name)

confidential health information in the following way:

A. I prefer to receive communication of my health information by:  
(telephone call, email, text message )

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B. All written correspondence is to be sent to the following address:

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