

*YOUR JOURNEY, LLC*  
**PERMISSION TO CONTACT FORM**

Name:	Case #	Client DOB:
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**PHONE:**

- We can call your home/cell number:
- We can only call you at this number:
- If we call, we must block caller ID (\*67)
- We can leave a message with anyone with the following information: (check mark indicates ok)
  - caller name
  - company name
  - return phone number
  - appointment information
  - detailed message
  - coded message *(must be decided upon by staff and client prior to checking box)*
- We can call and leave a message, but only with this person(s):
- We **MAY NOT** call you under any circumstances
- We may call your emergency contact to locate you.

**POSTAL MAIL:**

- We can send mail with letterhead on the paper and envelope.
- We can send mail with these special requirements:
- We **MAY NOT** send mail.

**EMAIL:**

- We can email you at:  
\*please be aware that email is only as secure as your server. We cannot guarantee email security.\*

**ANY OTHER SPECIAL INSTRUCTIONS:**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_