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Patient Confidentiality Contact Form

Patient confidentiality is a top priority at Autism180. Therefore, it is important that you provide us with the following information to ensure there is no violation of your privacy.

In the event that I,....., am unable to be reached, Autism180 may leave information with the following:

Other adult in household (Name):
On home answering machine(#):
On cell phone(#):
I may be reached at my work number:.....
May leave a message at my work number:.....
Other (please describe):.....

OPT OUT (initials)in the event that I am unable to be reached, Autism180 **MAY NOT** leave information with anyone but myself. **I understand that if the status of any of the above information changes, it will be my responsibility to inform the staff at Autism180.**

Signature: