

**Sonja Benson, Ph.D., PLLC
Licensed Psychologist**

Request for Confidential Handling of Health Information

I, _____ request that Sonja Benson, Ph.D., PLLC handle my confidential health information in the following way. Please check below how you would like to receive information. Information sent by email is not secure and confidentiality cannot be guaranteed.

____ Telephone (include number **and note if it is okay to leave a voicemail**)

____ Email (list email address)

____ US Mail (list mailing address)

____ Other (including fax)

Signature of Patient or Legal Guardian

Signature of Patient or Legal Guardian

Date