

*Stephanie Brookins, MS, NCC, LPC*  
*1661 13<sup>th</sup> Street*  
*Suite 102*  
*Columbus, GA 31901*

**CONFIDENTIALITY AGREEMENT**

I understand that Stephanie Brookins or her office may be contacting me concerning scheduled appointments. I can be contacted at the following locations:

CELL: \_\_\_\_\_

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

My preference of contact is: Cell \_\_\_\_\_  
Home \_\_\_\_\_  
Work \_\_\_\_\_  
E-mail \_\_\_\_\_

A message can be left on an answering machine at work or home confirming the appointment time and date of client's scheduled appointment.

An e-mail can be sent to your listed e-mail address confirming your scheduled appointment.

I agree to the above statements.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Date