

I give permission for clinicians and staff members of the Rutgers Center for Psychological Services (CPS) to contact me via phone about my treatment. I understand that CPS staff members may work at the Center's general clinic or at one of the CPS specialty clinics.

(Check all that Apply)

- I am comfortable being contacted at the following number _____.
 - I give permission for the CPS clinician or staff member to leave a message identifying themselves using Rutgers CPS or the name of a specific CPS specialty clinic.
 - I give permission for the CPS clinician or staff member to leave a message identifying themselves only as calling from Rutgers.
 - I give permission to be contacted only the clinician who is providing treatment.
 - I give permission to be contacted by other CPS staff members, which may include clinic directors, clinic coordinators, administrative coordinator, and receptionist staff.
 - If CPS personnel are not able to reach me at the number provided above, I give permission to contact me on the following additional number _____.
This number is my _____ number. If the instructions for leaving a message at this alternate number are different than what is specified above, please provide additional instructions below:
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Client Signature
(or Parent/Legal Guardian if the client is a minor)

CPS Staff Witness