



**Attachment D**  
**Staff Contact Information Worksheet**

*This is an optional form to use with clients to help clients keep track of their treatment team’s contact information.*

**Note to client:** Please be aware that not all members of your treatment team have a work cell phone or email address that they can use to contact you.

**Note to staff:** Staff must review the risks, benefits, and limitations of electronic communication prior to providing the client with the staff’s electronic communication contact information. There should be a signed copy in the client’s chart of the Electronic Communication Consent form that indicates which forms of electronic communication the client consents to.

- Provider’s Name: \_\_\_\_\_
- Office Landline: \_\_\_\_\_
- Front Desk/Reception: \_\_\_\_\_
- Work Cell Phone (if available): \_\_\_\_\_
- Email address (if available): \_\_\_\_\_

- Provider’s Name: \_\_\_\_\_
- Office Landline: \_\_\_\_\_
- Front Desk/Reception: \_\_\_\_\_
- Work Cell Phone (if available): \_\_\_\_\_
- Email address (if available): \_\_\_\_\_

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