

HIPAA PRIVACY INFORMATION FOR:

Patient Name: _____ **Account #:** _____

Appointment Information:

Home Phone (include Auto Call)?
Mobile Phone (include Auto Call)?
Mobile Text (include Auto Call) ?
Work Phone?
With Another Person?
Send via Mail?
Send via E-mail/Portal?

Medical Information:

Home Phone (include Auto Call)?
Mobile Phone (include Auto Call)?
Mobile Text (include Auto Call) ?
Work Phone?
With Another Person?
Send via Mail?
Send via E-mail/Portal?

HIPAA Contact Instructions:

Please list Person(s) Authorized to Communicate With:

Name: _____

Relationship to Patient: _____

Permission to Contact: Contact#: _____

Name: _____

Relationship to Patient: _____

Permission to Contact: Contact#: _____

Name: _____

Relationship to Patient: _____

Permission to Contact: Contact#: _____

Signature of Patient or Personal Representative: _____

Date Signed: _____