

HIPAA Privacy Information

Patient Name: _____ Home Phone # _____

_____ Patient reviewed HIPAA Privacy Statement Cell Phone # _____

_____ Privacy Alert Work Phone # _____

Appointment Information:

(Where can we leave a message):

Medical Information

(ie. x-ray, lab results, other medical information):

Home Phone (Include auto call)? _____

Home Phone (Include auto call)? _____

Mobile Phone (Include auto call)? _____

Mobile Phone (Include auto call)? _____

With Another Person At Home? _____

With Another Person At Home? _____

Send Via E-Mail/Portal? _____

Work Phone? _____

E-Mail Address: _____

Send via E-Mail/Portal? _____

HIPAA Contact Instructions:

Person (s) Authorized to Communicate With
Or Release Information To:

Emergency Contact Name: _____

Relationship To Patient: _____

Contacts Home Phone #: _____

Contacts Cell Phone #1: _____

Contacts Cell Phone #2: _____