



PRIVACY INFORMATION

In order to comply with federal regulations regarding your privacy in our office, we ask that you complete the following questions:

Leave appointment messages on/with:

Answering machine? Yes No
Office Voice Mail? Yes No
With another person? Yes No
Send through the mail? Yes No
Send via email? Yes No
Cell Phone? Yes No

Leave medical information messages on/with:

Answering machine? Yes No
Office Voice Mail? Yes No
With another person? Yes No
Send through the mail? Yes No
Send via email? Yes No
Cell Phone? Yes No

If you answered YES to allowing us to discuss your appointment and/or medical information with another person, please list their name(s), relationship(s) and phone # below:

Name:	Relationship:	Phone:	Cell Phone:

Additional HIPAA Contact Instructions:

*****PLEASE DO NOT SIGN THIS – YOU WILL SIGN IN THE OFFICE*****