



HIPAA AUTHORIZATION

In general, the HIPAA privacy rules give individuals the right to request a restriction on uses and disclosures of their protected health information (PHI).

I understand that, under the health insurance Portability & Accountability Act 1996 (HIPAA) that this information can and will be used to: Conduct, plan and direct treatment among multiple health care providers.

****I wish to be contacted in the following manner (check all that apply):**

- Home / Mobile Telephone _____
 - OK to leave message
- Email _____
- Text Message _____

Also, to give information to spouses, significant others, and to parents/children, or guardians, we must have written permission. Please list who it is OK to give your personal health information to:

PATIENT NAME: _____ Date of Birth _____

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

Signature: _____ Print Name: _____

Date: ___/___/___