

The **HIPAA Privacy Act** requires that we have a form in your chart stating how we may contact you.

How may we contact you? (please check all that apply)

Mail _____

Home Telephone _____

Work Telephone _____

Cell Phone _____

Voice mail _____

Answering machine _____

e-mail _____

By checking those options you give us permission to contact and leave messages. This also gives the physician or his representative permission to give you test results over the phone or via mail. We will not leave test results or messages without your permission.

To whom may we give information regarding your care?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Your name (please print clearly): _____

Signature: _____

Date: _____