

Madison Women's Clinic, LLC

Patient Contact Authorization

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

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

Home Telephone _____

- O.K. to leave a message with detailed information

or

- Leave a message with call-back number only.

Work Telephone _____

- Ok to leave message with detailed information

or

- Leave message with call-back number only.

Cell Phone _____

- Ok to leave message with detailed information

or

- Leave a message with call-back number only.

Written Communication

- Ok to mail to my home address
- Ok to mail to my work/office, confirm address below
- Ok to fax to this number _____

Emergency Contact Name: _____

Phone # _____ Relationship _____

Emergency Contact Name: _____

Phone # _____ Relationship _____

Other _____

Patient Signature

Date

PRINT NAME

Due to security issues we are not emailing test results at this time.