

Cornerstone Pediatrics

Patient Contact Authorization

In general, the HIPPA 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.

Patient Names: _____ DOB: _____
 _____ DOB: _____
 _____ DOB: _____
 _____ DOB: _____

Parent / Guardian: _____ Relationship to Patient: _____

I wish to be contacted in the following manner. (Check all that apply):

Home Phone: _____

_____ OK to leave message with normal lab results

Cell Phone: _____

_____ OK to leave message with normal lab results

Work Phone: _____

_____ OK to leave message with normal lab results

Written Communication:

_____ OK to mail to home address

_____ OK to email to this address: _____

Alternate Contacts: (OK to disclose normal lab results to other persons)

Name: _____

Name: _____

Signature: _____ Print Name: _____