

HIPPA CONTACT INFO
Cornerstone Health and Family Practice

****Contact Information****

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of personal health information to the minimum necessary to accomplish the intended purpose.

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

HOME TELEPHONE: () _____

- 1. *OK to leave message on machine with detailed information*
- 3. *OK to leave with the following person:* _____
- 2. *Leave message with call back number only*

WRITTEN COMMUNICATION

- 1. *OK to mail to my home address*
- 2. *OK to fax to this number* () _____

WORK TELEPHONE () _____

- 1. *OK to leave message with detailed information*
- 2. *Leave message with call back number only*

****In case that you are not able to come and pick up prescription at our office, please list the name of the person(s) that are allowed to pick up prescriptions for you. Keep in mind that a picture I.D is required for pick-up.**

_____, _____, _____

Signature _____ **Date** _____

Patient Name _____ **Date of Birth** _____

Name of Parent or Legal guardian _____ **Relation:** _____

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