

OB/GYN HEALTH OF MIRAMAR, LLC
601 N. FLAMINGO RD, Ste 302
PEMBROKE PINES, FL 33028
(866) 236-2906/ (954) 367-7000

HIPAA CONTACT CONSENT FORM

We understand that medical information about you and your health is personal and we are committed to protecting it. In order to comply with HIPAA (Health Insurance Portability and Accountability Act) Privacy Notices of 1996, we are requesting that you designate to whom we may disclose specifics of your health information. (ie: laboratory and radiology results, necessary follow-up appointments, etc.)

What is the primary phone number that you would like for us to use when contacting you?

(_____) - _____ - _____ CELL HOME WORK

May we leave a message on your voicemail at this phone number?

- No**, please do not leave a message.
- Yes**, it is ok to leave a detailed message at this number.

If you are unavailable, is there someone with whom we are authorized to speak?

Name: _____ Relationship: _____
Phone Number: (_____) - _____ - _____

Name: _____ Relationship: _____
Phone Number: (_____) - _____ - _____

Print Name: _____	Date of Birth: _____
Signature: _____	Date: _____