

Authorization Contact by Telephone/Email in Event of Breach of PHI

I, _____, authorize _____ to provide notice to me by telephone or email in the event of a breach of my protected health information (PHI) by _____ . Such conversation shall be documented by _____ . Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Final Rule modifying the HIPAA Privacy, Security, Enforcement and Breach Notification Rules, the telephonic or electronic notice provided to me pursuant to this authorization shall not be simply for the administrative convenience of _____ .

Signature of Client/Patient

Date

Signature of Parent, Guardian, or Personal Representative

Date