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

I,, authoriz	e	to provide
notice to me by telephone or email in the eve	ent of a breach of my pro	otected health information (PHI) by
	Such conversati	on shall be documented by
	Pursuant to the	Health Insurance Portability and
Accountability Act of 1996 (HIPAA) Final Rule	modifying the HIPAA Pr	ivacy, Security, Enforcement and
Breach Notification Rules, the telephonic or e	electronic notice provide	d to me pursuant to this
authorization shall not be simply for the adm	inistrative convenience of	of
Signature of Client/Patient		Date
		<u> </u>
Signature of Parent, Guardian, or Personal Re	presentative	Date