

Patient Name: _____ Account #: _____

APPROVED HIPAA CONTACTS

Keeping our patient's information private is important to us and by default we will only disclose information related to the patient's **Billing Account and Medical Conditions to the patient or legal guardian.**

If you would like to add additional contacts to disclose this type of information to, please complete the fields below and select the appropriate checkboxes based on your approval for each person listed. In addition, please chose the person you would like to list as your **Emergency Contact** in the event an emergency situation was to take place at our office.

_____	_____	_____	<input type="checkbox"/> Billing Information
Contact Name	Relationship to Patient	Contact Phone Number	<input type="checkbox"/> Medical Condition
			<input type="checkbox"/> Emergency Contact

_____	_____	_____	<input type="checkbox"/> Billing Information
Contact Name	Relationship to Patient	Contact Phone Number	<input type="checkbox"/> Medical Condition
			<input type="checkbox"/> Emergency Contact

_____	_____
Signature	Date