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## Notification of Verbal Authorization

Due to the new regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Law, we need your authorization to release medical information and leave detailed messages with other members of your family, on your answering machine, and/or via email.

YES  It is okay to leave detailed messages and release medical information as stated above.

NO  It is **NOT** okay to leave detailed messages and release medical information as stated above, here are instructions for leaving information and messages.

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I have read and understood An Optimal You's Office Policies and have received a copy of it. I have also received a copy of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Law. In addition, I consent to receive calls and/or emails from An Optimal You's office for my protected healthcare and other services at the phone number(s) and email address below, including my wireless number provided. I understand I may be charged for such calls by my wireless carrier and that such calls may be generated by an automated dialing system.

Home No.: ( ) \_\_\_\_\_-\_\_\_\_\_

Cell phone No.: ( ) \_\_\_\_\_-\_\_\_\_\_

Preferred method for An Optimal You to contact you: (please circle one of the following)

Home Phone No.      Cell Phone No.      Email      Text Message

Email Address: \_\_\_\_\_

Please Print Patient's Name: \_\_\_\_\_

Please sign: \_\_\_\_\_ Date: \_\_\_\_\_