



Alexandria Hearing Centers

Massa & Associates

Authorization for Disclosure of Patient Information

In general, the HIPPA Privacy Rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications of PHI. The patient may revoke or change this authorization at any time with a written request.

I wish to be contacted in the following manner (check all that apply):

Home Telephone

Work Telephone

Cell Phone

Please indicate any other family members with which you would like us to be able to communicate health, insurance, and/or financial information relating to your health care.

Name _____ Phone# _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Appointment Reminders:

Our office will send an appointment reminder 48 hours prior to your scheduled appointment. If you need to cancel your scheduled appointment, please give our office 24 hours advance. Failure to notify the office in advance may result in an office charge.

Patient Signature _____ Date _____