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

I, _____, authorize Aracoma Smith, LCSW, PLLC to provide notice to me by telephone or verbally in the event of a breach of my protected health information (PHI) by Aracoma Smith, LCSW, PLLC. Such conversation shall be documented by Aracoma Smith, LCSW, PLLC.

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 verbal or telephonic notice provided to me pursuant to this authorization shall not be simply for the administrative convenience of Aracoma Smith, LCSW, PLLC.

_____

Signature of Patient/Client Date

_____

Signature of Parent, Guardian or Personal Representative Date

_____

Printed Name of Client