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Patient Contact Information Restriction

For the office(s) of:

Medical Group/Physician Name: Cardiology Specialists of Orange County

Address: 700 N. Tustin Ave., Santa Ana CA 92705

Phone number: 714-245-1444

In general, the HIPAA 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 or alternative means of communicating PHI, such as sending correspondence to the individual's office instead of their home.

Please list the two best ways to contact you (list numbers in order of preference) This also includes leaving a detailed messages on voicemail.

1. _____ ☐ Home ☐ Cell ☐ Work
Telephone Number

2. _____ ☐ Home ☐ Cell ☐ Work
Telephone Number

I authorize the following person(s) (Example: Spouse, son, daughter, parents, friend, caregiver, etc..) to receive Private Health Information (PHI) pertaining to my treatment of care **other than myself, or any Physician involved in my care:**

Name: _____ Phone # _____ Relationship _____

Name: _____ Phone # _____ Relationship _____

Name: _____ Phone # _____ Relationship _____

Patient Signature

Date

Print Name

Date of Birth