



Coastal Cancer Center Contact List – HIPAA & Emergency Contacts Update

MRN: _____

Contact List – HIPAA & Emergency Contacts Update

Patient Name: _____ Patient Date of Birth: _____

Date: _____

You have the option to select different types of contacts. You can designate one person to be both a HIPAA and Emergency Contact but, you also can designate separate people as either a HIPAA Contact or an Emergency Contact.

A HIPAA contact is a person who you authorize Coastal Cancer Center to release information about your medical condition, appointments and/or financial information. Any physicians who provide medical care to you don't need to be listed as HIPAA contacts.

It is important for you to name an Emergency Contact. This is a person that you authorize our staff to contact in the event you have a medical emergency while being treated in our office.

Contact	Type of Contact: • HIPAA	• Emergency
Contact Name:		
Phone Number:	Other Phone:	
Relationship:		
Contact	Type of Contact: • HIPAA	• Emergency
Contact Name:		
Phone Number:	Other Phone:	
Relationship:		
Contact	Type of Contact: • HIPAA	• Emergency
Contact Name:		
Phone Number:	Other Phone:	
Relationship:		
Contact	Type of Contact: • HIPAA	• Emergency
Contact Name:		
Phone Number:	Other Phone:	
Relationship:		

Voice Messages Permitted: ____ Yes ____ No

____ (Initials) I understand that I am authorizing Coastal Cancer Center to disclose my personal health information to the individual(s) named above whom I have identified as my HIPAA contact(s).

____ (Initials) I acknowledge that I have received a copy of Coastal Cancer Center Privacy Practices.

____ (Initials) I acknowledge that I have the right to change contacts on this list at any time; that I can re-designate the Type of Contact originally stated and that I have the right to revoke this contact list.

____ (Initials) I acknowledge that any revocation of this list must be made in writing.