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Have you heard of the Health Insurance Portability and Accountability Act (HIPAA)? This act is to protect the patient's privacy. If we need to contact you with test results or instructions from your doctor, we need permission to leave a message if you are unavailable. Please select any of the following instructions for us to contact you:

- You may NOT leave a message at any time.
- You may only leave a message on the following phone# _____
- You may leave a message on the answering machine and/or with any family member.
- You may fax information to me at this phone# _____
- You may contact me via e-mail at this address _____

Your Signature

Printed Name

Date