

HOW MAY WE CONTACT YOU?

I do ___ do not ___ authorize CNS staff to: leave a message on my home and /or mobile phone voicemail or answering machine.

I do ___ do not ___ authorize CNS staff to: leave a message with the person who answers my home and / or mobile phone.

I do ___ do not ___ authorize CNS staff to: contact me at work and tell them who is calling if asked

I do ___ do not ___ authorize CNS staff to: leave a message on my work phone, voice mail or answering machine.

I do ___ do not ___ authorize CNS staff to contact me by email/text or other NON-secure electronic method

Email address: _____

Contact/Communication Preference:

___ Home phone ___ Mobile phone ___ Email

PATIENT NAME: _____ Date: _____

PATIENT / GUARDIAN SIGNATURE: _____ DATE: _____

CNS reserves the right to change Privacy Practices. You will be informed of any changes made to CNS Privacy Practices.

Please contact us at (804) 272-00114 regarding all privacy matter.

You may also file a complaint with the Secretary of the US Department of HHS

We may not and will not retaliate of threaten to for your complaint to us or the Secretary of the US Department of HHS about our handling Of your personal health information (PHI).

THIS AUTHORIZATION EXPIRES TWELVE MONTHS AFTER IT IS SIGNED.

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