

## 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 or other NON-secure electronic method. I understand that my full name must be in the subject of line of all emails with CNS and if I do not include that information, I will be unable to continue to use email as a means of communication with CNS.

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) 272-0114 regarding all privacy matters.

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

We may not and will not retaliate or threaten to retaliate 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.