

## Lorry G May, LISW

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The HIPPA Privacy Rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI).

To leave messages with detailed information and/or receive automated Appointment Reminder calls, I wish to be contacted at:

Phone: \_\_\_\_\_

If we are unable to reach you at the above number, may we contact you at work?

- YES | Phone Number: \_\_\_\_\_
- NO

Written Communication OK to mail my home address?

- YES
- NO

I care about our patients' privacy and strive to protect the confidentiality of medical information. Every effort is made to talk with anyone regarding your appointment needs:

I give my permission for \_\_\_\_\_ to schedule and/or cancel appointments for me with Lorry G May, LISW-CP. This authorization is effective unless cancelled in writing by me.

A full copy of my HIPPA policy is available on my website at [www.lorrygmaylisw.com](http://www.lorrygmaylisw.com). By signing this agreement, you also agree to receiving a copy of this policy on my website (above). If you request a paper of my this HIPPA policy at any time, I will provide it to you promptly, even if you agree to receive the notice electronically.

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Today's Date \_\_\_\_\_

Witness \_\_\_\_\_