

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 comply with the latest HIPPA regulations. In accordance with the new HIPPA privacy laws, I must have your permission 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.

Patient Name _____

Date of Birth _____ SSN _____

Today's Date _____

Witness _____