

Authorization
Contact by Telephone/Verbally in Event of Breach of PHI
[telephone/verbal notice only to be used when PHI does not include the “personal information” of Massachusetts residents, as Massachusetts law requires written notice]

I, _____ [Insert Name of Patient/Client], authorize [Insert Name of Mental Health Counseling Organization] to provide notice to me by telephone or verbally in the event of a breach of my protected health information (PHI) by [Insert Name of Mental Health Counseling Organization]. Such conversation shall be documented by [Insert Name of Mental Health Counseling Organization].

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Final Rule modifying the HIPAA Privacy, Security, Enforcement and Breach Notification Rules, the verbal or telephonic notice provided to me pursuant to this authorization shall not be simply for the administrative convenience of [Insert Name of Mental Health Counseling Organization].

Signature of Patient/Client Date

Signature of Parent, Guardian or Personal Representative Date