RIVER CAIRN
COUNSELING

Authorization Contact by Telephone in Event of Breach of PHI

I, _____ [Client Name], authorize River Cairn Counseling to provide notice to me by telephone in the event of a breach of my protected health information (PHI) by River Cairn Counseling. Such conversation shall be documented by River Cairn Counseling.

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 telephonic notice provided to me pursuant to this authorization shall not be simply for the administrative convenience of River Cairn Counseling.

_____

Signature of Patient/Client Date

_____

Signature of Parent, Guardian or Personal Representative Date