GASTROENTEROLOGY GROUP OF ROCHESTER, LLP

HIPPA Privacy Information for _____
Name

I authorize Gastroenterology Group of Rochester, LLP to contact me, and to discuss my PHI (Protected Health Information) with the following person(s) or entity(ies).

How Can We Contact You?

Please check all that apply

Appointment Information	**Medical Information**
☐ Cell Phone	☐ Cell Phone
☐ Mobile Text	☐ Mobile Text
☐ Home Phone	☐ Home Phone
☐ Work Phone	☐ Work Phone
☐ With Another Person	☐ With Another Person
☐ Send via Mail	☐ Send via Mail
☐ Send via E-Mail/Portal	☐ Send via E-Mail/Portal

Contacts:

First Name Last Name Relationship to Patient

Home Phone Mobile Phone Work Phone

Please check all that apply

- ☐ Emergency Contact
- ☐ Share Appointment Information
- ☐ Share Medical Information

First Name Last Name Relationship to Patient

Home Phone Mobile Phone Work Phone

Please check all that apply

- ☐ Emergency Contact
- ☐ Share Appointment Information
- ☐ Share Medical Information