

# Balanced Living Acupuncture

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## Telephone Message Authorization

Balanced Living Acupuncture, LLC, may not divulge details concerning your treatment to any person without your express authorization, including leaving you messages by telephone. This form tells us how we may leave telephone messages. You have the right at any time to revoke this consent, preferably in writing. Completion of this form is voluntary and will no way impact the treatment you receive. **Any personal information disclosed to a third party may no longer be protected from further disclosure by that party.**

If you wish for a friend, family member, or other person to be able to access more detailed information concerning your health and treatment than described below, you will need to complete the HIPAA Disclosure Authorization form or complete a Request for Medical Records. Likewise, if you would like for a friend or family member to be able to discuss your health or treatment with Balanced Living Acupuncture, LLC, you will need to complete the HIPAA Disclosure Authorization form.

I authorize Balanced Living Acupuncture, LLC, to (check all that apply):

- leave a detailed message on my home or cell number regarding appointments
- leave a detailed message on my home or cell number regarding medical treatment, care, test results, or financial information
- leave a detailed message regarding appointments with anyone who answers the phone
- to only leave message with \_\_\_\_\_

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

