



Scanning into EMR: Authorization to Leave Message
Date Scanned: _____

Authorization to Leave a Message with Protected Health Information

Print Patient Name: _____

The HIPAA Privacy Rule permits Balance Women's Health (BWH) providers and staff to communicate with patients regarding their health care. This includes communicating with patients at their homes, whether through the mail, by phone, or in some other manner. In addition, the Rule does not prohibit BWH providers and staff from leaving messages for patients on their answering machines.

Messages that contain protected health information (PHI) require the patient to sign an authorization form to receive messages by voice mail. For example, messages that contain PHI would be test results, medication information, payment information, and treatment plans.

The goal of this authorization is to decrease the call volume and delay in communication between patients, staff and providers. However, to reasonably safeguard patient privacy, BWH providers and staff may limit the amount of information disclosed on the answering machine.

This authorization is in effect until cancelled in writing.

I understand my HIPAA rights and I request that this office leave messages, including those containing PHI, for me by voice mail at the number noted below. I understand that it is my responsibility to keep the practice informed of any changes to this information. This authorization is in effect until cancelled in writing.

My preferred phone number is: _____

Patient Signature: _____ Date: _____

Staff Instructions: *Confirm phone number is correct in our EMR system. Make a note in the Yellow Bubble with "PHI message OK" and then scan this form into the patient's chart.*