



Megan Gillespie, LCSW
PLLC

Authorization Contact by Telephone/Verbally in Event of Breach of PHI

I, _____ [Name of Client], authorize Megan Gillespie, LCSW, PLLC to provide notice to me by telephone or verbally in the event of a breach of my protected health information (PHI) by Megan Gillespie, LCSW, PLLC. Such conversation shall be documented by Megan Gillespie, LCSW, PLLC.

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 Megan Gillespie, LCSW, PLLC.

Signature of Client

Date

Signature of Parent, Guardian or Personal Representative

Date