



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

I, \_\_\_\_\_, authorize Healthy Lifestyles PLLC to provide notice to me by telephone or verbally in the event of a breach of my protected health information (PHI) by Healthy Lifestyles PLLC. Such conversation shall be documented by Healthy Lifestyles 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 Healthy Lifestyles PLLC.

---

Signature of Patient/Client Date

---

Signature of Parent, Guardian or Personal Representative Date