

Health Information Portability and Accountability Act Exclusions



Valley Psychological Group Inc.
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The following comprises a list of exclusions to the **Health Information Portability and Accountability Act** that allows for a more efficient use of your time and the provider's time. Please initial the specific exclusions you would agree to. If you do not want to authorize permission for any one or all, simply leave blank.

I give my permission to allow Valley Psychological Group staff to call to remind me by phone of my appointments. The permission extends to allowing Valley Psychological Group to leave a reminder about my next appointment on my answering machine or my voice mail.

I give my permission for the office staff and/or my therapist to use my first name in the waiting room to call me back for my session.

I give my permission for my therapist at Valley Psychological Group to send e-mail to me and to receive e-mail from me. I understand that information transferred over the Internet in this manner is not a secure form of communication.

My e-mail address is:

I give permission to fax any essential information to my personal physician, pharmacy, HMO, insurance provider, hospital, attorney, or other medical provider involved in my treatment. No information will be sent without my first signing a separate release of information for each person or agency I approve. Valley Psychological Group must obtain a separate release of information for faxing any information about you.

My Primary Physician

Primary Physician Fax #:

Print Name

Signature

Date