

Central Connecticut Cardiologists, LLC
HIPAA Contact Form
(Health Insurance Portability and Accountability Act)

Patient Name: _____ Date of Birth: _____

Can you be contacted by phone? ☐ Yes ☐ No

*use the following number to confirm appointments _____

Can messages be left on answering machine? ☐ Yes ☐ No

Can messages be left with another person? ☐ Yes ☐ No

Can reminder notices be sent to your home? ☐ Yes ☐ No

Can mail be sent to your home? ☐ Yes ☐ No

Authorized party to speak on your behalf:

Name	Relationship	Phone #

Patient Signature: _____ Date: _____