

# INDIAN RIVER PRIMARY CARE

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## HIPPA NOTIFICATION PROTOCOL

I, \_\_\_\_\_, would like any and all communication with IRPC including, but not limited to, lab test results, diagnostic test results, appointment confirmation, financial account information, missed appointments, to be carried out in accordance with my instructions listed below. I further stipulate that a message may be left on all of the voice mail ready numbers written below. If I do not return the message, when prompted, a letter will be written to the address stipulated below after 48 hours have expired.

Please provide your contact details & the order you wish our office to attempt to contact you:

\_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Cell Ph: \_\_\_\_\_  
\_\_\_\_\_ Business Ph: \_\_\_\_\_

I, \_\_\_\_\_, further stipulate that should any and all notification attempts by IRPC are unsuccessful, I grant permission to have the information verbalized to the following people:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a mailing becomes necessary, please use the following address for a cost, per mailing of \$3.00.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Today's Date