

# Virginia Chiantella, MD, FACS

Specializing in Surgery of the Breast

19415 Deerfield Avenue • Suite 213 • Lansdowne, VA 20176 • Phone: (703) 724-9474 • Fax: (571) 346-1921  
[www.VCbreastsurgery.com](http://www.VCbreastsurgery.com)

---

## AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

As required by privacy regulations, this practice may not use or disclose your protected health information, except as provided in the Notice of Privacy Practices, without your authorization.

If there is anyone for whom you give permission to have access to your protected health information, such as a spouse, partner, or family member, you may indicate that below, or mark NONE.

### Additional contact information:

**I authorize the following person(s) access to my Protected Health Information.**

☐ NONE

NAME

PHONE

RELATIONSHIP TO PATIENT

---

**I give the office of Virginia Chiantella, MD permission to leave my results or any pertinent medical information on my: (please check)**

**Home Phone Voicemail:**

☐ YES

☐ NO

**Cell Phone:**

☐ YES

☐ NO

**With whomever answers my home phone:**

☐ YES

☐ NO

**My signature verifies that this request accurately reflects my wishes. This form is valid for 1 year from date of signature and it is my responsibility to notify the office of Dr. Virginia Chiantella of any changes prior to the expiration of this form.**

**PRINTED NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**