

PATIENT RECORD OF DISCLOSURES

In general, the HIPPA privacy rules gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER
(CHECK ALL THAT APPLY)

Home Telephone _____
 O.K. to leave message with detailed information
 Leave message with call - back number only

Work Telephone _____
 O.K. to leave message with detailed information
 Leave message with call back number only

Written Communication
 O.K. to mail to my home address
 O.K. to mail to my work/ office address
 O.K. to fax to this number _____

O.K. to leave message with family members
 Relationship _____

PATIENT NAME _____ ACCT # _____

Date of Birth _____

SIGNATURE _____

Date _____

Note: USES AND DISCLOSURES FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATION MAY BE PERMITTED WITHOUT PRIOR CONSENT IN ANY EMERGENCY