## Patient Record of Disclosures

In General, the HIPAA privacy rule gives individuals the rights 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 be made by alternative means, such as sending correspondence to the individuals office instead of the individuals home.

I wish to be contacted in the following manner (check all that apply):

☐ Home telephone _____

- ☐ O.K. to leave recorded message with detailed information
- ☐ O.K. to leave detailed message with spouse/family member
- ☐ Leave message with call-back number only

☐ Work telephone _____

- ☐ O.K. to leave recorded message with detailed information
- ☐ O.K. to leave detailed message with co-worker
- ☐ Leave message with call-back number only

☐ Written Communication

- ☐ O.K. to mail to my home address
- ☐ O.K. to mail to my office address
- ☐ O.K. to fax to this number_____

☐ Cell phone _____

☐ Pager _____

☐ Other_____

_____

_____
Patient Signature

_____
Date

_____
Print Name

_____
Birthday

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entitles must keep records of PHI disclosures. Information provided, if completed properly, will constitute an adequate record.

Please list the names and numbers of any immediate family member to which you are allowing us to discuss your medical condition with, if any.

| Name | Telephone # | Relationship to Patient |
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