PATIENT RECORD OF DISCLOSURES

In general, the HIPPA privacy rule 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:

Home Telephone: _____

Yes No Okay to leave message with detailed information.

Yes No Leave a message with call-back number only.

Work Telephone: _____

Yes No Okay to leave message with detailed information.

Yes No Leave message with call-back number only.

Written Communication

Yes No Okay to mail to my home address

Yes No Okay to mail to my work/office address

Yes No Okay to fax to this number: _____

Other: _____

_____

_____ _____

Patient Signature Date

_____ _____

Print Name Date of Birth