

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA 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 communication or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home. The following is an authorization of the way you wish to be contacted.

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 _____

OTHER _____

PATIENT/GAURDIAN SIGNATURE

DATE

PRINT NAME

RELATIONSHIP