PATIENT RECORD OF DISCLOSURES

In general, the HIPAA 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 be 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
- ❒ Written Communication
  - ❒ O.K. to mail to home address
  - ❒ O.K. to mail to work/office
  - ❒ O.K. to fax to this number
- ❒ Work Telephone_____
  - ❒ O.K. to leave message with detailed information
  - ❒ Leave message with call-back number only
- ❒ Other_____

In general, the Privacy Rule restricts us to disclose information to others without your written consent. If you have family members whom you wish information to be disclosed to, please list them here.

_____

_____

I have read and understand the Notice of Privacy Practices

_____ _____

Patient Signature Date

_____ _____

Print Name Birthdate

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 entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

Note: Uses and disclosures for TPO* may be permitted without prior consent in an emergency.