



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 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 the apply):

- Home Telephone _____
 Ok to leave message with detailed information
 Ok to leave message with call-back information only
- Work Telephone _____
 Ok to leave a message with detailed information
 Ok to leave message with call-back information only
- Cell Telephone _____
 Ok to leave message with detailed information
 Ok to leave message with call-back information only
- Other _____

Please list any relatives or friends we may release your health information to, should they inquire about it:

Patient Signature: _____ Date: _____

Patient Name: _____ Birthdate: _____