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Patient Record of Disclosure

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 means such as sending correspondence to an address other than home.

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

Home Telephone: (____)____-____

OK to leave message with detailed information

Leave message with call back number only

OK to FAX to this number: (____)____-____

Written Communications:

OK to mail to home address

OK to mail to work/office

Other:

OK to email to this address:

Work Telephone: (____)____-____

OK to leave message with detailed information

The Privacy Rule generally requires healthcare provider 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 request by the individual.

Healthcare entities must keep records of PHI disclosures. Information provided below will constitute this record. Please list who we may disclose information to, such as appointment times, lab results or medication information. **Please include a spouse or other family member if appropriate.**

Disclose information to:	Address or Phone #:	Disclose this information:

Signature

Date

Print Name

Birth Date