



PATIENT RECORD OF DISCLOSURE

In general, the HIPAA privacy rule gives patients the right to request a restriction uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that communications of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

PATIENT NAME

BIRTHDATE

PLEASE INDICATE

(PLEASE CHECK ALL THAT APPLY & SIGN AND DATE BELOW)

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (PLEASE CHECK ALL THAT APPLY)

Home Phone: _____

- Allow consent to leave a message with detailed information
- Leave message with call back number only

Cell Phone: _____

- Allow consent to leave a message with detailed information
- Leave message with call back number only

Work Phone: _____

- Allow consent to leave a message with detailed information
- Leave message with call back number only

Written Communication

- Allow consent to mail to my home address
- Allow consent to my work/office address
- Allow consent to fax to the following number: _____

PATIENT SIGNATURE (OR PATIENT'S REPRESENTATIVE)

DATE