



## Patient Record of Disclosure

**Patient Name (Please Print)**

**Birthdate**

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 communications 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 that apply):

◇ Home Telephone \_\_\_\_\_

- ◇ May leave message with detailed information
- ◇ Leave message with call-back number only

◇ Written Communication

- ◇ OK to mail my home address
- ◇ OK to mail my work/Office

◇ Work Telephone \_\_\_\_\_

- ◇ May leave message with detailed information
- ◇ Leave Message with Call-back number only

◇ Fax to this number \_\_\_\_\_

◇ Other Instructions

Patient Signature/Legal Guardian if Patient is a Minor

Date

### Record of Disclosure of Protected Health Information

The Privacy Rule generally requires healthcare providers to take responsible steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purposes. These provisions do not apply to uses or disclosures made pursuant to an authorized request by the individual.

**Uses and Disclosures for PHI may be permitted without prior consent in an emergency.**

Please print name of any person authorized to receive medical information on your behalf

1	_____	Date
2	_____	Date
3	_____	Date
4	_____	Date