

PATIENT RECORD OF DISCLOSURES

In general, the HIPPA 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 that apply):

<input type="checkbox"/> Home Telephone _____ Okay to leave message with detailed information Leave message with call-back number only	<input type="checkbox"/> Written Communication Okay to mail to my home address Okay to mail to my work/office address Okay to fax to this number _____
<input type="checkbox"/> Work Telephone _____ Okay to leave message with detailed information Leave message with call-back number only	<input type="checkbox"/> Other _____

_____	_____
Patient Signature	Date
_____	_____
Patient Name (Printed)	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.

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

Record of disclosures of Protected Health Information:

Below, please list whom (if any) we may disclose your requested information to:

Date	Disclosed To Whom: Address or Fax #	Is Disclosure Authorized? Yes or No	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed	How is Disclosure Made? Fax, Phone, Email, Other.

