

**PATIENT RECORD OF DISCLOSURE**

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):**

**Home Telephone** \_\_\_\_\_

**Written Communication**

O.K. to leave message with detailed information

O.K. to mail to my home address

Leave message with call back number only

O.K. to mail to my work/office address

**Work Telephone** \_\_\_\_\_

**E- Mail** \_\_\_\_\_

O.K. to leave message with detailed information

O.K. to leave detailed information

Leave message with call-back number only

Leave call back-back number only

**For information regarding my financial account, please contact me at the following phone numbers:**

**Weekday:** \_\_\_\_\_ **Weekend:** \_\_\_\_\_

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.

**Persons to whom personal health information may be released**

1. \_\_\_\_\_ relationship \_\_\_\_\_

2. \_\_\_\_\_ relationship \_\_\_\_\_

3. \_\_\_\_\_ relationship \_\_\_\_\_

4. \_\_\_\_\_ relationship \_\_\_\_\_

5. \_\_\_\_\_ relationship \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Birthdate