CONFIDENTIAL PATIENT INFORMATION

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Please Print or Write Legibly

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).

( ) Home Telephone _____
- ( ) OK to leave message with detailed information
- ( ) Leave message with call-back number only

( ) Work Telephone _____
- ( ) OK to leave message with detailed information
- ( ) Leave message with call-back number only

( ) Cellular Telephone _____
- ( ) OK to leave message with detailed information
- ( ) Leave message with call-back number only

( ) Written Communication
- ( ) OK to mail to my home address
- ( ) OK to mail to my work/office
- ( ) OK to fax to this number

( ) Other _____

( ) E-mail Address _____

( ) Text message on cell phone

_____ _____
Patient/Guardian Signature Date

_____
Print Name

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use of 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.
Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

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

OFFICE USE ONLY

Record of Disclosures of Protected Health Information

Date	Disclosed to Whom Address or Fax	Description of Disclosure/ Purpose of Disclosure	Authorized by Whom/ office staff who released information