

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 INDIVIDUALS HOME.

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

- HOME TELEPHONE \_\_\_\_\_
- O.K. TO LEAVE MESSAGE WITH DETAILED INFORMATION.  
WITH WHOM \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_
- LEAVE MESSAGE WITH CALL-BACK NUMBER ONLY.
- O.K. TO LEAVE APPOINTMENT DATE AND TIME.
- WORK TELEPHONE \_\_\_\_\_
- O.K. TO LEAVE MESSAGE WITH DETAILED INFORMATION.
- LEAVE MESSAGE WITH CALL-BACK NUMBER ONLY.
- O.K. TO LEAVE APPOINTMENT DATE AND TIME.
- WRITTEN COMMUNICATION.
- O.K. TO MAIL TO MY HOME ADDRESS.
- O.K. TO MAIL TO MY WORK/ OFFICE ADDRESS.
- O.K. TO FAX TO THIS NUMBER \_\_\_\_\_
- OTHER \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

THE PRIVACY RULE GENERALLY REQUIRES HEALTHCARE PROVIDERS TO TAKE REASONABLE STEPS TO LIMIT THE USE OR DISCLOSURE OF, AND REQUEST 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.