



PATIENT RECORD OF DISCLOSURES

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 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 box(es) for communication preferences):

Home phone: _____

- Leave a message with **detailed information**
- Leave a message with a **call-back number only**

Cell phone: _____

- Leave a message with **detailed information**
- Leave a message with a **call-back number only**

Work phone: _____

- Leave a message with **detailed information**
- Leave a message with a **call-back number only**

Written communication (to address listed on demographic form):

- Mail to home address
- Mail to work/office address

E-mail me at: _____

With whom may we discuss or disclose information about your care, treatment, or diagnoses?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Patient Signature (or legal guardian)

Date

Print Patient Name

Date of Birth

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 of disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosures. Information provided on this form, if completed properly, will constitute an adequate record. Uses and disclosures may be permitted without prior consent in an emergency.