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 all that apply):

Home Telephone_____

- ☐ O.K. to leave message with detailed information
- ☐ Leave message with call-back number only

Work Telephone_____

- ☐ O.K. to leave message with detailed information
- ☐ Leave message with call-back number only

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_____ _ _____

I acknowledge I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

_____ Patient Signature

_____ Date

_____ Print Name

_____ Birthdate

The Privacy Rule 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.

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.

Record of Disclosures of Protected Health Information

Date	Disclosed to Whom Address or Fax Number	(1)	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed	(2)	(3)

(1) Check this box if the disclosure is authorized

(2) Type Key: T=Treatment Records: P=Payment Information: O=Healthcare Operations

(3) Enter how disclosure was made: F=Fax: P=Phone: E=Email: M=Mail: O=Other