

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 individuals' office instead of the individual's home.

Patient Information

Print Name: _____

Date: _____

DOB: _____

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 only

- Written Communication:
 - O.K. to mail to my home address
 - O.K. to mail to my work/office address

- Other: _____

- Personal Representative of Patient:

I hereby give permission to the person(s) listed below to authorize treatment and to receive information about the care of the above named patient.

Name(s): _____

Relationship to Patient: _____

Patient/Parent or Guardian Signature: _____

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.

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