PATIENT RECORD OF DISCLOSURES

(PLEASE PRINT CLEARLY)

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)	
[] 1st Contact Number		
[] 2 nd Contact Number		
[] 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		
[] O.K. To release protected health information to:Name	Phone #:Phone #:	
[] O.K. To release protected health information to:Name	Phone #:Phone #:	
Patient Signature	Date	
Print Name	Date of Birth	
The Privacy Rule generally requires healthcare provider of, and requests for PHI to the minimum necessary to acapply to uses or disclosures made pursuant to authorizate keep records of PHI disclosures. Information provided be record. FOR OFFICE USE ONLY	ccomplish the intended purpose. These provi tion requested by the individual. Healthcare	sions do not entities must
Record of Disclosures of Pro		
Date Disclosed to whom Address or Fax Number	Description of disclosure/Purpose of Disclosure	By Whom