

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.

Preferred method of contact: (check all that apply):

- Home Telephone:** _____
 - OK to leave message with detailed information
 - Leave message with call-back number only
- Cell Phone:** _____
 - OK to leave message with detailed information
 - Leave message with call-back number only
- Work Telephone:** _____
 - OK to leave message with detailed information
 - Leave message with call-back number only
- Other Phone:** _____
 - OK to leave message with detailed information
 - Leave message with call-back number only
- Online Communication via Patient Web Portal**
 - OK to send me messages on the website regarding my care
- Written Communication**
 - OK to mail to my home to my home address
 - OK to mail to my work/office address
 - OK to fax to this number _____
- Permission to discuss Protected Health Information with Friends/Family**
 - Name: _____ Phone number: _____
 - Name: _____ Phone number: _____
 - Name: _____ Phone number: _____
 - Name: _____ Phone number: _____

Of all the above methods of communication, please indicate which method(s) is/are best for you to be contacted regarding appointment reminders, lab results and any other communication: _____

Patient Signature _____ Date _____

Print Name _____ Birth date _____