

PATIENT RECORD OF DICLOSURES

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):

- | | |
|--|---|
| <input type="checkbox"/> Home Telephone _____
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call back number only

<input type="checkbox"/> Work Telephone _____
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call back number only | <input type="checkbox"/> Written Communication
<input type="checkbox"/> O.K. to mail to my home
<input type="checkbox"/> O.K. to mail to my work
<input type="checkbox"/> O.K. to fax to work or home

<input type="checkbox"/> Other: _____ |
|--|---|

Note: Copies of medical records and correspondence will occur between those medical persons or offices directly Involved with your care (i.e. your referring Physician, Diagnostics companies, Insurance company, Medical adjustor or Nurse case Manager). By signing below you agree to this understood communications.

Patient Signature _____ Date _____

Print Name _____ Birthdate _____

The Privacy Rule generally 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.

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