

Patient Name/MRN:
 DOB:
 Referring Physician:

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 agree to receive phone calls and I wish to be contacted in the following manner
 (check all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> Primary Telephone _____
<input type="checkbox"/> OK to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Written Communication
<input type="checkbox"/> OK to mail to my home address
<input type="checkbox"/> OK to mail to my work/office address
<input type="checkbox"/> OK to fax to this number |
| <input type="checkbox"/> Work Telephone _____
<input type="checkbox"/> OK to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Other _____
_____ |

Patient Signature

Date

The Privacy Rule generally requires health care 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 of 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: Users and Disclosures for TPO may be permitted without prior consent in an emergency.

**OFFICE USE ONLY
 Record of Disclosures of Protected Health Information**

Date	Disclosed To Whom Address or Fax Number	Description of Disclosure/Purpose of Disclosure	By Whom Disclosed