



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 WISH TO BE CONTACTED IN THE FOLLOWING MANNER (CHECK ALL THAT APPLY):

Home Telephone _____

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

Written Communication

OK to mail to my home address

OK to mail to my work/office address

OK to fax to this number

Other _____

PATIENT SIGNATURE

DATE

PRINT NAME

BIRTH DATE

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.

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

Office Use only

Record of Disclosure

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) Record Type: T= treatment, P = Payment (3) How disclosed: F = Faxed, P = Phone, E = Email, M = Mail, O = Other