

Patient Record of Disclosures

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 is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

Home phone # (_____) _____ - _____
____ Leave message with detailed information
____ Leave message with call back number only

Cell phone # (_____) _____ - _____
____ Leave message with detailed information
____ Leave message with call back number only

Work phone # (_____) _____ - _____
____ Leave message with detailed information
____ Leave message with call back number only

Written Communication

____ Okay to mail to my home address
____ Okay to mail to my work/office address
____ Okay to fax to the following number (_____) _____ - _____

Please list names of any individuals you would like you PHI to be disclosed to

| Name | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Signature _____ Date ____ / ____ / ____