

## 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 \_\_\_\_\_  
\_\_ O.K. to leave a message with detailed information  
\_\_ Leave a message with a call back number only
  
- Work Telephone \_\_\_\_\_  
\_\_ O.K. to leave a message with detailed information  
\_\_ Leave a message with a call back number only
  
- Written Communication  
\_\_ O.K. to mail to my home address  
\_\_ O.K. to my work/office address  
\_\_ O.K. to fax to this number \_\_\_\_\_
  
- Other \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Birthdate