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 message with detailed information Leave message with call-back number only	 Written Communication O.K. to mail to my home address O.K. to mail to my work/office address O.K. to fax to this number
Work Telephone	
O.K. to leave message with detailed information	Other
Leave message with call-back number only	
Patient Signature	 Date
Print Name	 Birthdate
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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 or TPO may be permitted without prior consent in an emergency.

DateDisclosed To Whom
Address or Fax Number(1)Description of Disclosure/
Purpose of DisclosureBy Whom Disclosed(2)(3)Image: Constraint of DisclosureImage: Constraint of Disclosure</

Record of Disclosures of Protected Health Information

(1) Check this box if the disclosure is authorized

(2) Type key; T=Treatment Records; P=Payment Information; O=Healthcare Operations; A=Authorization on File; D=Discretionary

(3) Enter how disclosure was made: F=Fax; P=Phone; E=Email; M=Mail; O=Other