



**PATIENT RECORD OF DISCLOSURE**

In general, 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* 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):	
<input type="checkbox"/> HOME Telephone _____ <input type="checkbox"/> O.K. to leave message with detailed information <input type="checkbox"/> Leave message with call back number only	<input type="checkbox"/> WORK Telephone _____ <input type="checkbox"/> O.K. to leave message with detailed information <input type="checkbox"/> Leave message with call back number only
<input type="checkbox"/> Written Communication <input type="checkbox"/> O.K. to mail to my home address <input type="checkbox"/> O.K. to mail to my work/office address <input type="checkbox"/> O.K. to fax to this number	<input type="checkbox"/> Other _____ _____ _____

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 TPO may be permitted without prior consent in an emergency.**

Record of Disclosures of Protected Health Information			
Date of Disclosure	Name and Address of Entity Receiving Protected Health Information ( <i>PHI</i> )	Description of <i>PHI</i> Disclosed	Statement of Purpose of Disclosure

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Birth date