

PATIENT DISCLOSURE INSTRUCTIONS

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 _____

Written Communication

O.K. to leave message with detailed information

O.K. to mail to my home address

Leave message with call-back number only

O.K. to mail to my work/office address

O.K. to fax to number indicated

Work Telephone _____

Other (Fax/Cell, etc) _____

O.K. to leave message with detailed information

Leave message with call-back number only

I allow you to give my clinical and financial information to or answer questions from (*check all that apply*):

PLEASE LIST ALL NAMES:

Spouse _____

Parent _____

Child _____

Other (specify) _____

None _____

Patient Signature

Date

Print Name

Birth Date