## **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).

permission for H	eminders: please complete the loquiam Therapy Services to prophone text message.		ent reminder service			
□ Email	Email address					
☐ Text Messa						
	Cell Provider □ AT&T □ Verizon □ Sprint □ Other					
Contact Informa	ation					
Cell Phone	☐ Detailed messages are fine	☐ Message with call ba	ge with call back number only			
Home Phone	☐ Detailed messages are fine	☐ Message with call back number only				
Work Phone	☐ Detailed messages are fine	☐ Message with call back number only				
Patient SignatureDate						
The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and request 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.  Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.						
	Office Us	se Only				
Date	Disclosed to Whom Address or Fax Number	Description of Disclosures Purpose of Disclosure	By Whom Disclosed			