

## PATIENT RECORD OF DISCLOSURES

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of protected health information (PHI). The individuals also provide the right to request confidential communications of PHI be made by alternative means, such as sending correspondence to the individual's office instead.

I wish to be contacted in the following manner (check all that apply)

☐ Home telephone \_\_\_\_\_

☐ O.K. to leave message with detailed  
Information with whom:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Leave message with call-back number only

☐ Work 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

☐ Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

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

The privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to use made pursuant to an authorization requested by the individual.

Healthcare entities must keep records of PHI disclosures. Information provided below, if complete property, are adequate records.

**NOTE:** Uses and disclosure of TPO may be permitted without prior consent in an emergency.

## RECORDS OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

Date	Disclosed to Whom Address of Fax number	Description of Disclosure Purpose	By Whom Disclose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____