

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 communication of PHI may 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"/> Written Communication |
| <input type="checkbox"/> OK to leave message with detailed information | <input type="checkbox"/> OK to mail to my home address |
| <input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> OK to mail to my work/office address |
| | <input type="checkbox"/> OK to fax to number indicated |
| <input type="checkbox"/> Work Telephone _____ | <input type="checkbox"/> Other (Fax/Cell, etc.) _____ |
| <input type="checkbox"/> OK to leave message with detailed information | _____ |
| <input type="checkbox"/> Leave message with call-back number only | |

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

- Spouse
- Parent
- Child
- Other (specify): _____
- None

Patient Signature

Date

Print Name

Birth Date