

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). 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 _____
 - O.K. to leave message with detailed information
 - Leave message with call-back number only
- Work Telephone _____
 - O.K. to leave message with detailed information
 - Leave message with call-back only
- Written Communication
 - O.K. to mail to my home address _____
 - O.K. to mail to my work/office _____
 - O.K. to fax to this number _____
- Other _____

Signature of Patient, Parent, or Legal Guardian

Date

Record of Disclosure of Protected Health Information

Date	Disclosed to Whom / fax address	Description of Disclosure	By Whom Disclosed

Patient Name: _____