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 _____

□ O.K. to leave message with detailed information

□ Leave message with call-back number only

□ Work Telephone_____

□ O.K. to leave message with detail information

□ Leave message with call-back number only

□ O.K. to email _____

□ Cell phone_____

□ 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 fax to number indicated _____

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

□ Spouse _____

□ Parent _____

□ Child _____

□ Other (specify): _____

I allow the specified person(s) to make, change or cancel my appointments:

□ I do allow □ I do not allow

_____ _____

Patient Signature Date

_____ _____

Print Name Birth date