

## Patient Record of Disclosures

In general, the HIPPA 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 be made by alternative means, such as sending correspondence to home or office, leaving messages on answering machines, and leaving correspondence with spouse or family member.

**I wish to be contacted in the following manner (circle all that apply):**

Home telephone/cell phone number: \_\_\_\_\_

- Leave a message with detailed information
- Leave a message with call back number only

Work telephone number: \_\_\_\_\_

- Leave a message with detailed information
- Leave a message with callback number only

Written communication:

- Mail to my home address
- Mail to my work address
- Fax to this number \_\_\_\_\_

This consent will remain in effect unless otherwise revoked in writing.

\_\_\_\_\_

Signature of Patient or Guardian

\_\_\_\_\_

Date