

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 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 number indicated
 - O.K. to text to cell phone
- Other (Fax/Cell, etc.) _____

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