

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 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/Cell Telephone _____ Other (please specify) _____
 Ok to leave message with detailed information
 Leave message with call back number only
 Do not call or leave messages here

Work Phone _____
 Okay to leave messages with detailed information
 Leave messages with call back information only
 Do not call or leave messages here

Written Communication
 Okay to mail to my home address
 Okay to mail to my work address
 Okay to fax to this number _____

 Patient Signature Today's Date

 Patient Name Date of Birth

The privacy rule generally requires healthcare providers to take responsible steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute and adequate record.

Record of Disclosures of Protected Health Information

DATE	DISCLOSED TO WHOM	AUTHORIZED	DESCRIPTION OF/PURPOSE OF DISCLOSURE	BY WHOM DISCLOSED	DISCLOSURE DETAILS	DISCLOSED VIA FAX, MAIL, E-MAIL