

PATIENT RECORD OF DISCLOSURES

IN GENERAL, THE HIPAA PRIVACY RULE GIVES PATIENT THE RIGHT TO REQUEST ON USES AND DISCLOSURES OF THEIR PROTECTED HEALTH INFORMATION (PHI). THE PATIENT 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. THIS INFORMATION WILL REMAIN IN EFFECT UNTIL REVOKED IN WRITING.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (CHECK ALL THAT APPLY):

- HOME TELEPHONE _____
- O.K. TO LEAVE MESSAGE WITH DETAILED INFORMATION
- LEAVE NAME/DOCTOR WITH CALL BACK NUMBER ONLY
- WORK TELEPHONE _____
- LEAVE DETAILED MESSAGE ON WORK VOICE MAIL
- LEAVE MESSAGE WITH NAME/DOCTOR & CALL BACK NUMBER ONLY
- WHEN UNABLE TO CONTACT ME BY PHONE, A WRITTEN COMMUNICATION MAY BE SENT TO MY HOME ADDRESS
- OTHER _____

PATIENT SIGNATURE

DATE

PRINT NAME

BIRTHDATE

HEALTHCARE PROVIDERS MUST KEEP RECORDS OF PHI DISCLOSURES. INFORMATION PROVIDED WILL BE DOCUMENTED ON THE TEST RESULT, PROGRESS NOTE OR PATIENT COMMUNICATION IN QUESTION.