

## PATIENT RECORD OF DISCLOSURES

In general the HIPAA privacy rule gives the 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 \_\_\_\_\_  Written Communication
- Ok to leave message with detailed information  Ok to mail to my home address
- Leave message with call-back number only  Ok to mail to my work/office address
- Ok to fax to this number \_\_\_\_\_
- Work telephone \_\_\_\_\_
- Ok to leave message with detailed information
- Leave message with call-back number only

You may designate an individual to have the right to have access to your protected health information. You need not name another physician, as they may access your information per your separate request. You are not required to name anyone, if you so choose.

Stateline Medical Center has permission to release my protected health information to the following:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

The privacy Rule generally requires healthcare providers to take reasonable 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.

***Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency***

Print

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_