

PATIENT PROTECTED HEALTH INFORMATION RECORD OF DISCLOSURES

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 want to be contacted in the following manner:

(Please check all that apply)

- Home Telephone (____)____-____
 - OK to leave message with detailed PHI
 - Leave message with callback number only
- Work Telephone (____)____-____
 - OK to leave message with detailed PHI
 - Leave message with callback number only
- Cellular Telephone (____)____-____
 - OK to leave message with detailed PHI
 - Leave message with callback number only
- Written Communications
 - OK to mail to my home address
 - OK to mail to my work/office address
 - OK to fax to this number: (____)____-____
- Other: _____
- OK to give PHI to my spouse: _____
- OK to give PHI to my friend: _____
- OK to give PHI to other: _____

 PATIENT SIGNATURE

____/____/____
 TODAY'S DATE (MONTH/DAY/YEAR)

 PRINT NAME

____/____/____
 DATE OF BIRTH (MONTH/DAY/YEAR)

Healthcare entities must keep records of PHI disclosures. Information provided below, if completed, will constitute an adequate record. NOTE: in an emergency, uses and disclosures may be permitted without prior consent.

Record of Disclosures of Protected Health Information (PHI)

Date	Disclosed to Whom Address or Tel/Fax Number	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed