

SIMONE A. MCKITTY, M.D., INC.

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Patient Contact Information/ Restriction

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 their home.

I wish to be contacted in the following manner (check all that apply)

Home Phone : _____/_____

Cellular Phone: _____/_____

Work Phone: _____/_____

Written Communication:

Ok to send mail to my home address

Ok to send mail to my work/ office address

Ok to send faxes to: _____/_____

Patient/ Responsible Party

Signature _____ Date _____

3440 West Lomita Boulevard, Suite 442

Torrance, CA 90505

Phone: (310) 530-5451

Fax: (310) 530-3070

