

PATIENT RECORD OF DISCLOSURES

In general, the *HIPAA* privacy rule give individuals the right to request restriction on uses and disclosures of their protected health information (*PHI*). The individual is also provided the right to request confidential communications or that the 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:
(PLEASE CHECK ALL THAT APPLY)

Name of individual being contacted: _____

Home # _____

- Okay to leave a message containing personal information
- Leave message with call-back number only

Cell # _____

- Okay to leave a message containing personal information
- Leave message with call-back number only

Work # _____

- Okay to leave a message containing personal information
- Leave message with call-back number only

Email _____

- Okay to send an email containing personal information

Print client's name

Date of Birth

Client/Guardian Signature

Date