

**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 text message reminder appointments
- Okay to leave a message containing personal information
- Leave message with call-back number only

Cell Phone provider (ex. AT&T, Sprint, Verizon etc.) \_\_\_\_\_

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

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date