



## Patient Record of Disclosure

In general, the HIPAA privacy act gives patients the right to request a restriction on uses and disclosure of their protected medical information. Patients are also provided the right to request confidential communications or that a communication of medical information be made by alternative means, such as sending correspondence to the individual's office instead of their home.

I wish to be contacted by (check all that apply)

- Home Phone/Cell Phone: \_\_\_\_\_
  - Okay to leave a message with detailed information
  - Leave a message with call back number only
  - Okay to receive detailed text messages
- Work Phone: \_\_\_\_\_
  - Okay to leave a message with detailed information
  - Leave a message with call back number only
- Written Communication:
  - Okay to mail to my home address
  - Okay to mail to my work/office address
  - Okay to fax to this number: \_\_\_\_\_
- Email Communication: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name (Please Print): \_\_\_\_\_ DOB: \_\_\_\_\_

The Privacy Act requires health care providers to take responsible steps to limit the use or disclosure of medical information 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. Health care entities must keep records of your medical information disclosures. Information provided below, if completed, will constitute an adequate record. NOTE: Uses and disclosures for TPO (Treatment, Payment, or Health Care Operations) may be permitted without prior consent in an emergency.

### Medical Information Disclosures

| Date | Disclose to Whom:<br>Address or Fax | (1) | Description of Disclosure | By Whom Disclosed | (2) | Mode:<br>Fax, Phone,<br>Mail, Other |
|------|-------------------------------------|-----|---------------------------|-------------------|-----|-------------------------------------|
|      |                                     |     |                           |                   |     |                                     |
|      |                                     |     |                           |                   |     |                                     |
|      |                                     |     |                           |                   |     |                                     |
|      |                                     |     |                           |                   |     |                                     |

(1): Check if Disclosure Authorized, (2): Type Key: T= Treatment, P=Payment, O=Operations