

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their private 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 an individual's office instead of an individual's home.

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

- | | |
|---|---|
| <p><input type="checkbox"/> Home Telephone: _____
<input type="checkbox"/> Okay to leave a message with detailed information.
<input type="checkbox"/> Leave message with call-back number only</p> <p><input type="checkbox"/> Work Telephone: _____
<input type="checkbox"/> Okay to leave a message with detailed information.
<input type="checkbox"/> Leave message with call-back number only</p> | <p><input type="checkbox"/> Written Communication
<input type="checkbox"/> OK to mail to home address
<input type="checkbox"/> OK to mail to work/office address
<input type="checkbox"/> OK to fax to this number.</p> <p><input type="checkbox"/> Other _____
_____</p> |
|---|---|

_____ Parent's Signature	_____ Date
_____ Print Name	_____ Birth Date

The privacy rule requires healthcare professionals to take responsible steps to limit the use or disclosure of, and requests for PHI 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.

Healthcare entities must keep records of PHI disclosures. Information provided below; if completed correctly, will constitute an adequate record.

Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency.

PRIVACY PRACTICES ACKNOWLEDGEMENT

I HAVE RECIEVED THE "NOTICE OF PRIVATE PRACTICES" AND
HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW IT.

PRINT NAME _____ DATE _____

SIGNITURE _____