

PATIENT DISCLOSURE INSTRUCTIONS

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 the individual's home.

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

- Home Telephone, Written Communication, O.K. to leave message with detailed information, O.K. to mail to my home address, Leave message with call-back number only, O.K. to mail to my work address, O.K. to fax to number indicated, Work Telephone, Other (Fax/Cell, etc.), O.K. to leave message with detailed information, Leave message with call-back number only

I allow you to give my clinical information to or answer questions from (check all that apply):

- Spouse, Parent, Child, Other (specify), None

EMERGENCY CONTACT:

NAME: RELATIONSHIP:

PHONE NUMBER:

Patient Signature

Date

Print Name

Birth date