## PATIENT RECORD OF DISCLOSURES

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 r	nanner	(check all that apply):
☐ Home Telephone			Written Communication
	O.K. to leave message w/ detailed info.  Leave message with call-back number only		<ul> <li>O.K. to mail to my home address</li> <li>O.K. to mail to my work/office add.</li> <li>O.K. to fax to this number</li> </ul>
☐ Work	Telephone		
	O.K. to leave message w/detailed info. Leave message w/call-back number only		Other
□ Verba	l Communication Authorized With (name/rela	tionsh	ip):
through	ess to your Electronic Medic the Patient Portal. Please p r's current email address:		
E-Mail			
address	•		
Patient	Signature		Date
Print N	ame		Birthdate

The Privacy Rule generally requires healthcare providers to take reasonable 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 properly, will constitute an adequate record.

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