

PATIENT RECORD OF DISCLOSURES & MEDICAL INFORMATION WAIVER

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.

In an effort to provide you with timely information regarding your health care, we are asking that you complete this waiver. Please provide us with phone numbers where you would like us to **contact you with test results and medical information.**

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

- | | |
|--|--|
| <input type="checkbox"/> Home Telephone _____
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Written Communication
<input type="checkbox"/> O.K. to mail to my home address
<input type="checkbox"/> O.K. to mail to my work/office address
<input type="checkbox"/> O.K. to fax to this number _____ |
| <input type="checkbox"/> Work Telephone _____
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Cell _____
<input type="checkbox"/> O.K. to leave message with detailed info
<input type="checkbox"/> Leave message with call-back number only |

Patient Signature

Date

Print Name

Birth date

If you are unavailable when we call you, please list the name and telephone number of any other person(s), i.e. husband/partner, child, parent, authorized to receive and discuss your personal medical information.

None

If you are not available at the time we try to call you, may we leave medical information on your **answering machine** or **voicemail**?

Name Telephone

Name Telephone

Yes No

*****BELOW THIS LINE — OFFICE USE ONLY*****

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.

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

Record of Disclosures of Protected Health Information

Date	Disclosed to Whom	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed