

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 manner (check all that apply):

Home Telephone _____

O.K. to leave message with detailed information

Leave message with call-back number only

Work Telephone _____

O.K. to leave message with detailed information

Leave message with call-back number only

Written Communication

O.K. to mail to my home address

O.K. to mail to my work/office address

O.K. to fax to this number _____

Other _____

ACKNOWLEDGEMENT FORM

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have provided an opportunity to review it.

Name _____ **Birthdate** _____

Signature _____

Date _____