PATIENT RECORD OF DISCLOSURES

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In general the HIPAA privacy rules give 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 is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

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

Home Telephone:

□ Ok to leave a message with detailed information
□ Leave message with call back number only

Work Telephone:

□ Ok to leave a message with detailed information
□ Leave message with call back number only

Written Communications:

□ Ok to mail to my home address
□ Ok to mail to my office work address
□ Ok to fax to this number _____ _____ _____

Patient Signature: _____Date: _____

Print Name: _____ D.O.B._____

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The privacy rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of and requests for PHI 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

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BELOW FOR OFFICE USE ONLY

DATE	DISCLOSED TO WHOM, ADDRESS, OR FAX #	AUTHORIZED Yes / No	Purpose of Disclosure	By whom Disclosed	TYPE a. TX record b. Pymt info c. Other	How was discl. made? F-fax P-Phone M-Mail E-email