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):

Best place to contact you: Home Written Work Cell (Circle one please)

Please complete the following:

- ❑ Home 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 fax to this number _____
- ❑ Work Telephone _____
  - ❑ O.K. to leave message with detailed information
  - ❑ Leave message with call-back number only
- ❑ Cell _____
  - ❑ O.K. to leave message with detailed information
  - ❑ Leave message with call-back number only

X_____
Patient Signature

X_____
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**?

❑ Yes ❑ No

_____
Name Telephone

_____
Name Telephone

**********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