

Patient Records of Disclosures

Acknowledgement of Review of Notice of Privacy Practices

In general, the HIPPA 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 is 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.
(Please in each section)

Patient's Name: _____
Last
First
Middle Initial

- Home Telephone: _____
- Leave message with detailed information
 - Leave message with a call-back number
 - Do not leave a message

- Written Communication:
- Mail to my home
 - Mail to my work/office
 - Do not mail

- Work Telephone: _____
- Leave message with detailed information
 - Leave message with a call-back number
 - Do not leave a message

The following people may have access to my medical information:

- Spouse: _____
- Child: _____
- Child: _____
- Child: _____
- Child: _____
- Other: _____
- Nobody

- Cell Telephone: _____
- Leave message with detailed information
 - Leave message with a call-back number
 - Do not leave a message

- Fax Number: _____
- Please do not fax any information to me

- Email: _____
- Please do not email any information

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document if requested.

Signature of Patient or Personal Representative

Date