

# PATIENT RECORD OF DISCLOSURE

**IMPORTANT!** How can we get a hold of you? Circle choices

**\* Note: Bills and statements are sent to home addresses**

<input type="checkbox"/> Home Telephone ( <input type="checkbox"/> ) _____	<input type="checkbox"/> Written Communication
<input type="checkbox"/> O.K. to leave message with detailed information	<input type="checkbox"/> O.K. to mail my home address
<input type="checkbox"/> Leave message with call-back number only	<input type="checkbox"/> O.K. to mail my work/office
<input type="checkbox"/> Work Telephone ( <input type="checkbox"/> ) _____	<input type="checkbox"/> Cell Phone ( <input type="checkbox"/> ) _____
<input type="checkbox"/> O.K. to leave message with detailed information	<input type="checkbox"/> O.K. to leave message with detailed information.
<input type="checkbox"/> Leave message with call-back number only	
<input type="checkbox"/> All of the above _____	<input type="checkbox"/> Leave message with call-back number only.

**SIGNATURE** \_\_\_\_\_

\*\*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 purposes. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

Note: Uses and disclosures for, Treatment Records, Payment Information and Healthcare Operations may be permitted without prior consent in an emergency.

\*\* 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 be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

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## PRIVACY PRACTICES ACKNOWLEDGEMENT (HIPPA Information Sheet)

### Acknowledgement Form

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

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_