## 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	lowing manner (check all that apply):		
☐ Home Telephone	Written Communication		
O.K. to leave message with detailed information	O.K. to mail to my home address		
Leave message with call-back number only	O.K. to mail to my work/office address		
	O.K. to fax to this number		
☐ Work Telephone			
O.K. to leave message with detailed information	Other		
Leave message with call-back number only			
Patient Signature	Date		
Print Name	Birthdate		
for PHI to the minimum necessary to accomplish the intended 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 Address or Fax Number	(1)	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed	(2)	(3)
L.A.S.				4		

<sup>(1)</sup> Check this box if the disclosure is authorized

<sup>(2)</sup> Type key: T=Treatment Records: P=Payment Information; O=Healthcare Operations; A=Authorization on File; D=Discretionary

<sup>3)</sup> Enter how disclosure was made: F=Fax; P=Phone; E=Email; M=Mail; O=Other