## PATIENT RECORD OF DISCLOSURES

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.

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

☐ Home Telephone ☐ O.K. to leave message with detailed information ☐ Leave message with call-back number only	<ul> <li>□ Written Communication</li> <li>□ O.K. to mail to my home address</li> <li>□ O.K. to mail to my work/office address</li> <li>□ O.K. to fax to this number</li> </ul>
<ul> <li>□ Work Telephone</li> <li>□ O.K. to leave message with detailed information</li> <li>□ Leave message with call-back number only</li> </ul>	Other
Patient Signature	Date
Print Name	Birth date
The Privacy Rule generally requires healthcare providers to take reas PHI to the minimum necessary to accomplish the intended purpose. It pursuant to an authorization requested by the individual.  Note: Uses and disclosures for TPO may be permitted.	These provisions do not apply to uses or disclosures made

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

<sup>(2)</sup> Type key: T= Treatment: P=Payment Information; O= Healthcare Operations; A= Authorization on File; D=Discretionary (3) Enter how disclosure was made: F=Fax; P=Phone; E=Email; M=Mail; O=Other