

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.

Please contact me by:

- | | |
|--|--|
| <input type="checkbox"/> Home Telephone _____
<input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Written Communication
<input type="checkbox"/> O.K. to mail to my home address
<input type="checkbox"/> Email _____ |
| <input type="checkbox"/> Work Telephone _____
<input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Other _____ |

_____ Patient Signature

_____ Date

_____ Print Name

_____ Birth Date

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.

Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency.

Record of Disclosures of Protected Health Information
(to be completed by your therapist)

Date	Disclosed to Name, Address or Fax Number	Auth.	Reason for Disclosure
		Y / N	
		Y / N	
		Y / N	
		Y / N	
		Y / N	
		Y / N	

Type key: T=Treatment Records; P=Payment Information; O=Healthcare Operations
 (1) Enter how disclosure was made; F=Fax; P=Phone; E=Email; M=Mail; O=Other