

# 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 manner (check all that apply):**

Home telephone: _____  <input type="checkbox"/> OK to leave message with detailed information <input type="checkbox"/> Leave message with call-back number only	Work telephone: _____  <input type="checkbox"/> OK to leave message with detailed information <input type="checkbox"/> Leave message with call-back number only
Cell phone: _____  <input type="checkbox"/> OK to leave message with detailed information <input type="checkbox"/> Leave message with call-back number only	Written Communication: <input type="checkbox"/> OK to mail to my home address <input type="checkbox"/> OK to mail to my work/office address <input type="checkbox"/> OK to fax to this number: _____ <input type="checkbox"/> OK to email to this address: _____ _____
Social Media: <input type="checkbox"/> OK to email via Facebook <input type="checkbox"/> OK to post to my wall via Facebook <input type="checkbox"/> OK to direct message via Twitter	

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I give permission for my health information to be disclosed to the following individuals, either at my request or theirs:

Name	Relationship

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 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

Date	Disclosed to whom (address or fax no.)	(1)	Description/ purpose of disclosure	Disclosed by whom	(2)	(3)

- (1) Check this box if the disclosure is authorized
- (2) Type key: T= treatment records; P=Payment information; O=Healthcare operations
- (3) Enter how disclosure was made: F=Fax; P=Phone; E=Email; M=Mail; O=Other