

# 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 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 applies):

- Home Telephone \_\_\_\_\_
  - O.K. to leave message with detailed information
  - Leave message with call-back number only
- Work Telephone \_\_\_\_\_
  - O.K. to leave message with detailed information
  - Leave message with call-back number only
- Written Communication
  - O.K. to mail to my home address
  - O.K. to mail to my work/office address
  - O.K. to fax to this number \_\_\_\_\_
- Other \_\_\_\_\_

## Disclosure to Friends and/or Family Members

I give permission for my Protected Health Information to be disclosed for purposes of communicating results, findings and care decisions to the family members and others listed below:

Name 1. \_\_\_\_\_ Relationship \_\_\_\_\_

Name 2. \_\_\_\_\_ Relationship \_\_\_\_\_

Name 3. \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Today's 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.**