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 (ch	neck all that apply):			
_	O.K. to fax to this number				
O.K. to leave message with detailed information in the control of	ition				
Patient Signature		Date			
Print Name		Birthdate			
The Privacy Rule generally requires healthcare profor <i>PHI</i> to the minimum necessary to accomplish made pursuant to an authorization requested by the second	TOP 1 Section 1	limit the use or disclosure of, and requests isions do not apply to uses or disclosures			
Healthcare entities must keep records of <i>PHI</i> distance adequate record.	ONLY 11	w, if completed properly, will constitute an			
Note: Uses and disclosures for TPC		ior consent in an emergency.			
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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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- (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