Patient Record of Disclosures

In general, HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of protected health information (PHI). The individual is also provided the right to request confidential communications of PHI by alternative means, such as sending correspondence to the individual's office instead of their home.

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

__ Work telephone __Ok to leave message with detailed information

__ Home telephone __Ok to leave message with detailed information

__ Written communication __ Ok to mail to my home address

***Please list only persons able to discuss treatment, appointments, release prescriptions and/or medical records on your behalf in your absence. Note: All persons listed must present valid ID when acting as your representative.

Please print authorized persons only:

1._____ __Appts ___RX __All records

2._____ __Appts __RX __All records

3._____ __Appts __RX __All records

Patient's signature:_____ Date:_____

Acknowledgement and Receipt of HIPAA Policies and Procedures

I _____ hereby acknowledge that I have received and reviewed the HIPAA policies and procedures, detailing how information may be used and disclosed as permitted under federal and state law.

I understand that I am responsible for complying with the policies and procedures and that I am required to see guidance from the Privacy Officer if I have any question or concerns regarding patient confidentiality.

Patient Signature_____ Date:_____

Witness:_____ Date:_____