

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 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):

- | | |
|---|--|
| <input type="checkbox"/> Home Telephone _____
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only
<input type="checkbox"/> Do not leave message | <input type="checkbox"/> Written Communication _____
<input type="checkbox"/> O.K. to mail to my home address
<input type="checkbox"/> O.K. to mail to my work/office address
<input type="checkbox"/> O.K. to fax to this number _____ |
| <input type="checkbox"/> Work Telephone _____
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only
<input type="checkbox"/> Do not leave message | <input type="checkbox"/> Cell Number _____
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only
<input type="checkbox"/> Do not leave message |

_____ **Initial:** I have received a Notice of the Privacy Practices and I have been provided an opportunity to review it.

HIPAA Privacy Permission Form

By signing this form, I give Compassionate Care by Design permission to disclose my Protected Health Information (PHI) to the individuals listed below. The PHI that Compassionate Care by Design may disclose is limited to information directly related to that person's involvement in my health care or payment of my health care.

NAME	PHONE #	RELATIONSHIP TO YOU

Patient Signature _____ Date _____

Print Name _____ Birthdate _____

The Privacy Policy 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.