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Patient Record Of Disclosure

In general the HIPPA rule gives individuals the right to request restrictions on uses and disclosure of their protected health information.(PHI) The individual is also provided the right request confidential communications or that a communication of PHI be made by alternative means such as sending correspondence to the individuals work instead of individuals home.

I wish to be contacted by the following manner (Please check all that apply)

Home Telephone_____ Written Communication_____

O.K. to leave detailed message_____ O.K. to mail to home address_____

O.K.to mail to work/office_____

Leave message with call back number only NO details_____

Work Telephone_____ Other Contact_____

Patient Signature_____Date_____

The privacy rule requires providers to take reasonable steps to limit the use or disclosure of and the request 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.

entities must be keep records of PHI disclosures. Information provided below, if completed properly, will consitute am adequate record.

Note: **Uses and disclosures for TPO may be permitted without prior consent in case of an emergency**

Record of Disclosure of Protected Health Information

Date	Disclosed to whom Address/phone number	Description of disclosure/purpose	By whom Disclosed