



Patient Disclosure Instructions

In general, the HIPPA 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 *(check all that apply)*:

Home/Cell Number _____

- O.K. to leave a message with detailed information
- Leave a message with call-back number only
- Appointment reminder texts

Written Communication

- O.K. to mail to my home address
- O.K. to email detailed information to:

Work Telephone _____

- O.K. to leave message with detailed information
- Leave a message with call-back number only

Other: _____

- O.K. to leave message with detailed information
- Leave message with call-back number only

I allow you to discuss my clinical information with, or to answer any questions from *(Please check all that apply)*:

- Spouse-Name: _____ Telephone #: _____
- Parent-Name: _____ Telephone #: _____
- Child- Name: _____ Telephone #: _____
- Other (specify)-Name: _____ Telephone #: _____

Patient’s (or Legal Guardian’s) Signature

Date

Print Name

Date of Birth