

PATIENT DISCLOSURE CONSENT

Affix patient sticker here.

HIPAA privacy rules give individuals the right to request a restriction of uses and disclosures of their protected health information. The individual is also provided the right to request confidential communications or that communications be made via alternative means such as sending information to the individuals place of employment instead of their home.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (check all that apply)

Home telephone _____

OK to leave a detailed message.

Leave a message with a callback number only.

Cellphone number _____

OK to leave a detailed message.

Leave a message with a callback number only.

Alternate telephone number _____

OK to leave a detailed message.

Leave a message with a callback number only.

Emergency contact person (*required*) _____

Address _____

Telephone number _____

OK to leave a detailed message.

Leave a message with a callback number only.

PRIVACY RULES REQUIRE US TO TAKE REASONABLE STEPS TO LIMIT THE USE OR DISCLOSURE OF YOUR INFORMATION TO THE MINIMUM NECESSARY TO ACCOMPLISH THE INTENDED PURPOSE. USES AND DISCLOSURES ARE PERMITTED WITHOUT PRIOR CONSENT IN AN EMERGENCY.

Patient's Signature

Date