PATIENT DISCLOSURE PREFERENCES

I wish to be contacted in the following manner: (check all that apply)	Who are we allowed to speak t (This includes, but is not limited to, things s
Home phone:	Name
□ Ok to leave message with detailed information	
Leave message with call-back number only	
Cell phone:	
□ Ok to leave message with detailed information	
Leave message with call-back number only	
Business phone:	
□ Ok to leave message with detailed information	
Leave message with call-back number only	
Written communication:	Do not speak with ANYON
□ Ok to mail correspondence (if needed) to home address	·
In general, HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected	Who should we contact in case
health information. The individual is also provided the right to request confidential communications or that a communication of	(name)

to about your health information? such as lab results, refills, medical instructions, etc.)

Relationship

NE regarding my health information.

(phone)

e of an emergency?

personal health information be made by alternative means.	(name)	(phone)
Name (print)	DOB	
Signature	Date	

PATIENT DISCLOSURE PREFERENCES

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Ι

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Cell phone:

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Business phone:

□ Ok to leave message with detailed information

Leave message with call-back number only

Written communication:

□ Ok to mail correspondence (if needed) to home address

In general, HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health info request co personal he

Who are we allowed to speak to about your health information? (This includes, but is not limited to, things such as lab results, refills, medical instructions, etc.)

Name	Relationship

Do not speak with ANYONE regarding my health information.

Who should we contact in case of an emergency?

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quest confidential communications or that a communication of some some some some some some some some		
	(name)	(phone)
Name (print)	DOB	
Signature	Date	