



RYAN S HOLBROOK, DMD
NICOLE C SWANSON, DMD
200 CAPRI ISLES BLVD
VENICE, FL 34292
941-484-3885
Fax: 941-484-1506

PATIENT DISCLOSURE INSTRUCTIONS

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 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 Phone

- ☐ OK to leave message with detailed information
☐ Leave message with call-back number only
☐ OK to fax to number indicated _____

Written Communication

- ☐ OK to mail to my home address
☐ OK to mail to my work/office address _____

Work telephone

- ☐ OK to leave message with detailed information
☐ Leave message with call-back number only
☐ OK to fax to number indicated _____

Other

- ☐ OK to telephone the cell number indicated _____
☐ OK to contact me at the e-mail address indicated _____

I allow you to give my clinical information to or answer questions from (check all that apply):

- ☐ Spouse _____
☐ Parent _____
☐ Child _____
☐ Other _____
☐ None _____

Patient Signature

Date

Print Name

Birth Date