

**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 telephone**

- 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