

Heritage Women's Health Center
PATIENT RECORD OF DISCLOSURE

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 Telephone Number: _____
Leave message with detailed information.
Leave message with call-back number only.

Written Communication
Mail to my home address.
Mail to my work/office address.
Fax to this number: _____

Work Telephone Number: _____
Leave message with detailed information.
Leave message with call-back number only.

Other:

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use of, disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. The provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

Please Note: Uses and disclosures for patient treatment records, payment information, and/or healthcare operations may be permitted without prior consent in an emergency.

Patient/Guardian Signature

Date:

Print Name

Date of Birth