PATIENT RECORD OF DISCLOSURES

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 #_____ ____ O.K. to leave message with detailed information Leave message with call-back number only Work Telephone # ____ O.K. to leave message with detailed information ____ Leave message with call-back number only Written Communication ____ O.K. to mail to my home address ____ O.K. to mail to my work/office address ____ O.K. to fax to this number:_____ Other: The following individuals have my permission to access to my medical information. (If this is left blank, NHMC will not speak to anyone other than the patient.) NAME TEL. # RELATIONSHIP TO PATIENT 1._____ Patient Signature Date Date of Birth Print Name

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

Note: Uses and Disclosures for TPO may be permitted without prior consent in an emergency.

RECORD OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

<u>Date</u>	Disclosed To Whom Address or Fax Number	(1)	Description/Purpose of Disclosure	Disclosed By	(2)	(3)

- (1) Check this box if the disclosure is authorized
- (2) Type key: T=Treatment Records, P=Payment Information, O=Healthcare Operations, A=Authorization on File, D=Discretionary
- (3) Enter how disclosure was made: F=Fax, P=Phone, E=Email, M=Mail, O=Other