

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. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Patient Signature

Date

Print Name

Date of Birth

