

Patient Disclosure Instructions

I wish to be contacted in the following manner (check all that apply):

Home Telephone: _____

Cell Phone: _____

Work Telephone: _____

Email address: _____

I allow you to give my clinical information to or answer questions from:

Name and relationship to patient: _____

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.