

# PATIENT RECORD OF DISCLOSURES

In, general the HIPAA privacy rule gives individual 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 the confidential communications or that communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual 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

Written Communication

OK to mail to my home

OK to mail to my work / office address

OK to fax to this number

Work Telephone :

OK to leave message with detailed information

Leave message with call - back number only

Other

Patient Signature Date

Patient Name Birth date

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

Health care entities must keep records of PHI disclosures. Information provided below. If completed properly, will constitute an adequate record.

Note: Uses and disclosures for PHI may be permitted without prior consent in an emergency.

## **Record of Disclosures of Protected Health Information Date**

### **Disclosed to Whom**

Address or Fax Number

(1) Description of Disclosure /

Purpose of Disclosure

By Whom Disclosed ( 2 ) ( 3 )

( 1 ) Check this box if the disclosure is authorized. ( 2 ) Type Key T - Treatment Records; P - Payment information; O - Healthcare Operation ( 3 ) Enter how disclosure was made F - Fax; P - Phone; E - Email; M - Mail; O - Other

Patient Record of Disclosure Form July 2015