



Patient Authorization of Disclosure

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 of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home. The patient may revoke or change this authorization at any time with a written request.

I wish to be contacted in the following manner (Check ALL That Apply):

Home / Cell Number:

- 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
- Do not call me at work

Written Communication

- O.K. to mail to my home address
- O.K. to fax to my home fax: _____
- OTHER: _____

Patient Signature: _____

Date: _____

- Patient Refused to sign
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