Marina

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**In general, the HIPPA Privacy Rule gives a patient the right to request a restriction on uses and disclosures of their protected health information. The patient is also provided the right to request confidential communications or that a communication of their health be made by alternative means, such as, sending correspondence to the individuals' office, instead of the individuals' home.**

PLEASE COMPLETE THE FOLLOWING:

I, wish to be contacted in the following manner:

Cell Phone ( )

Ok to leave detailed message
 Leave message with call back number only

Home Phone ( )

 Ok to leave detailed message

 Leave message with call back number only

Work Phone ( )

 Ok to leave detailed message

 Leave message with call back number only

PREFERRED CONTACT METHOD FROM OUR OFFICE:

Cell Phone Home Phone Work Phone

FOR WRITTEN COMMUNICATION FROM OUR OFFICE:

 Okay to mail to my home address

 Okay to mail to my work

 Ok to fax information to: ( )

 Other method, please specify:

To provide information to spouses, significant others, companions, parents, children, or guardians; we must have written permission. Please state to whom we may give your personal health information.

IT IS OK TO SHARE MY PERSONAL INFORMATION WITH THE FOLLOWING PEOPLE:

Name: Phone: ( ) Relation:

Name: Phone: ( ) Relation:

Patient Name: (Print) Patient Name: (Signature)

Witness: Date: