



In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosure of their Protected Health Information. The individual is also provided the right to request confidential communications or that communication of the Protected Health Information be made by alternative means, such as sending correspondence to the individual's office instead of individual's home.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER
(CHECK ALL THAT APPLY)

By Phone:

Ok to leave message with detailed information

OR

Leave message with call back number only

Written Communication:

OK to mail to my home address

OK to mail to my work/office

OK to fax to _____

Work Telephone:

OK to leave message with detailed information

Leave message with call back number only

Contact person you may speak to on my behalf:

Name _____ Relationship _____

Address _____

Phone number _____

***I have received the Notice of Privacy Practices and have been provided an opportunity to review it.

Patient Signature _____

Patient Name (Print) _____

Date _____