

Patient Record of Disclosures

In general the HIPPA privacy rule gives individuals the right to request

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

Home Telephone _____

Written Communication:

O.K. to leave message with detailed information

O.K. to mail to my home address

Leave message with call-back number only

O.K. to mail to my work/office address

O.K. to face to this number: _____

Work Telephone _____

Other: _____

O.K. to leave message with detailed information

Leave message with call back number only

Patient Signature: _____ Date: _____

Print Name: _____ Date: _____

The Privacy Rule generally requires healthcare providers to take reasonable

Record of Disclosure of Protected Health Information

Date	Disclosed to Whom address or fax number	(1)	Description of Disclosure/ purpose of disclosure	By Whom Disclosed	(2)	(3)

