

## 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)

