## PATIENT RECORD OF DISCLOSURES

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 or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

Home Telephone	☐ Written Communication		
$\hfill \Box$ O.K. to leave message with detailed information	$\hfill \square$ O.K. to mail to my home address		
$\hfill \Box$ Leave message with call-back number only	<ul><li>□ O.K. to mail to my work/office address</li><li>□ O.K. to fax to this number</li></ul>		
Work Telephone			
$\hfill \Box$ O.K. to leave message with detailed information	Other		
$\square$ Leave message with call-back number only			
Patient Signature	Date		
Print Name	Birth Date		
The Privacy Rule generally requires healthcare providers to take reason. PHI to the minimum necessary to accomplish the intended purpose. Doursuant to an authorization requested by the individual.			

## **Record of Disclosures of Protected Health Information**

Date	Disclosed to Whom Address or Fax Number	(1)	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed	(2)	(3)

- Check this box if the disclosure is authorized
- Type key: T=Treatment Records; P=Payment Information; O=Healthcare Operations; A=Authorization on File; D=Discretionary Enter how disclosure was made; F=Fax; P=Phone; E=Email; M=Mail; O=Other