

**Patient Record of Disclosures**

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

I wish to be contacted in the following manner:

- Home phone: \_\_\_\_\_
- Cell phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Okay to leave message with detailed information
- Written communication to home address preferred
- Work Phone: \_\_\_\_\_
- Okay to leave message on work phone with detailed information
- Leave message with call back number only

YOU MAY DISCLOSE MY MEDICAL INFORMATION TO THE FOLLOWING PEOPLE:

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\_\_\_\_\_  
Patient's signature or Guardian of Patient under 18 years of age

\_\_\_\_\_  
Date