

HIPAA CONSENT

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 their home.

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

- | | |
|---|--|
| <input type="checkbox"/> Home Telephone _____
<input type="checkbox"/> OK to leave a message with details
<input type="checkbox"/> Leave message with call-back number only

<input type="checkbox"/> Work Telephone _____
<input type="checkbox"/> OK to leave a message with details
<input type="checkbox"/> Leave message with call-back number only

<input type="checkbox"/> Cell Telephone _____
<input type="checkbox"/> OK to leave a message with details
<input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Written Communication
<input type="checkbox"/> OK to mail to my home address
<input type="checkbox"/> OK to mail to my work/office address
<input type="checkbox"/> OK to fax to this number _____ |
|---|--|

I acknowledge that I have read a copy of the Notice of Privacy Practices for HIPAA.

Patient Name (Print)

Birthdate

Signature

Date

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record

Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency.

Record of Disclosures of Protected Health Information

(The section below is to be completed by Office Staff only when disclosing records)

Date	Disclosed to Whom Address or Fax No	(1)	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed	(2)	(3)

- (1) Check this box if the disclosure is authorized
- (2) Type Key: T = Treatment Records; P = Payment Information; O = Healthcare Operations
- (3) Enter how disclosure was made: F = Fax; P = Phone; E = Email; M = Mail; O = Other