

HIPAA Uses & Disclosures of PHI (protected health information)

HIPAA Privacy Rules give 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. One example might be, sending correspondence to the individual's office instead of their home.

PATIENT NAME _____ **DOB**_____ **Age** _____

ORAL COMMUNICATION: We will attempt to contact the Patient via phone. Please list the preferred phone number for this _____.

If we are not able to reach you we will leave a message with call back instructions. If this is NOT ACCEPTABLE, please indicate what is acceptable to be left on a phone message
_____.

WRITTEN COMMUNICATION: Written communications will be mailed to the address listed as primary. If this is NOT ACCEPTABLE, please list the address you would like us to use :

PERMISSION to DISCUSS HEALTH INFORMATION with OTHERS:
I permit the Physician Office to discuss my PHI with, and to disclose my health information to, the following individuals:

- Spouse : Name _____
- Adult Child : Name _____
- Other : Name _____
- Parents : Name _____

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By signing this form I hereby acknowledge receipt of "Notice of Privacy Practices".

\_\_\_\_\_  
SIGNATURE Date Relationship to Patient  
(PATIENT or LEGALLY AUTHORIZED REPRESENTATIVE)

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** This form is intended to be a quick reference for PHI and does not replace the long forms that need to be completed by the Patient, if the Patient requests any restrictions on their PHI.