

**FAMILY MEDICAL GROUP, P.A.**  
**Record of Protected Health Information 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 patient's workplace instead of to their home.

**I wish to be contacted in the following manner (initial all that apply)**

|                              |  |   |
|------------------------------|--|---|
| <b>Verbal Communication</b>  | <input type="checkbox"/> O.K. to leave detailed information<br><input type="checkbox"/> Do Not leave any information                             | Information regarding my health information may be released to:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| ❖ Home Telephone             | <input type="checkbox"/> O.K. to call at work<br><input type="checkbox"/> Do Not call at work  |   |
| ❖ Work Telephone             | <input type="checkbox"/> O.K. to mail/fax detailed information to home<br><input type="checkbox"/> O.K. to mail/fax detailed information to work |   |
| <b>Written Communication</b> | <input type="checkbox"/> O.K. to mail/fax detailed information to home<br><input type="checkbox"/> O.K. to mail/fax detailed information to work |   |

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
Date of Birth

The Privacy Rule generally requires healthcare providers to take responsibility 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 will constitute an adequate record of disclosures. NOTE: Uses and disclosures for treatment purposes may be permitted without prior consent in an emergency.

**RECORD OF DISCLOSURES OF PROTECTED HEALTH INFORMATION**

| Date | Disclosed to Whom | Documents Disclosed | Disclosed By |
|------|-------------------|---------------------|--------------|
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