

Dr. Joseph P. Leonetti
PATIENT RECORD OF DISCLOSURES

In general, the HIPPA 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 communication or the PHI be made by alternative means, such as sending correspondence to the individuals office instead of the individuals home.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER:

- Home Telephone** _____
 Choose one:
 - Satisfactory to leave message with detailed information
 - Please leave message with call-back number only

- Work** _____ and/or **Cell** _____
 Choose one:
 - Satisfactory to leave message with detailed information
 - Please leave message with call-back number only

-OR-

- To be contacted by written communication ONLY** : Please include mailing address
 Name _____
 Address _____
 City, State, Zip _____

Patient Signature or Guardian _____
 Date

 Print Name or Guardian name _____
 Birth Date

*****I authorize the release of my medical information to** _____

The privacy rule generally requires health care 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 make pursuant to an authorization requested by the individual.
 Health 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.

OFFICE USE ONLY

DATE	BY WHOM DISCLOSED	DISCLOSED TO WHOM	DESCRIPT OF DISCLOSURE	CODE	ADDRS, PH OR FAX # OF CONTACT	CODE

RECORD OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

* **Codes:** **T**=Treatment **PI**=Payment Information **OT**= Healthcare Operations **F**= Fax **P**= Phone **M**=Mail **O**= Other