

**Dr. Joseph P. Leonetti**  
**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 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
  
- To be contacted by written communication ONLY**: Please include mailing address  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

<b>Patient Signature or Guardian</b>	Date
Print Name or Guardian name	Birth Date

**\*\*\*I authorize the release of my medical information to \_\_\_\_\_**  
**(Family Member or Friend)**

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 made 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.**