PATIENT RECORD OF DISCLOSURES

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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 of that information of PHI be made by alternate means, such as sending correspondence to the individual's office instead of the individual's home.

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

☐ Written Communication

 $\hfill \square$ OK to mail to my home address

☐ Home Telephone_

 $\hfill \square$ OK to leave message with detailed information

	Leave message with dial-back number OK to fax to this number						
	ork Telephone OK to leave message with detailed in	formation					
	Leave message with call-back numbe	er only					
neces	sary to accomplish the intended purpos dual.	se. These pro	o take reasonable steps to limit the use ovisions do not apply to uses or disclosur	es made pursuant to an authorization	requested by		
	Note: Uses and disclosures for TP	O may be per	mitted without prior consent in an emer	gency.			
			sclosures of Protected Health	Information	ı		
Date	Disclosed to Whom Address or Fax Number	(1)	Description of Disclosure/ Purpose of Disclosure		(2)	(3)	

The information contained in this document is privileged and confidential. It includes patient information that is protected by state and federal laws. Storing or transmitting this information in an unsecured electronic format could result in a breach of information.