

# A LEBRO CENTER FOR WELL BEING

## 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 communications or that a communication of PHI be made by alternative means, such as sending correspondences to the individual's office instead of the individual's home.

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

Home Telephone \_\_\_\_\_  
 OK to leave message with detailed information  
 Leave message with call back number only

Work Telephone \_\_\_\_\_  
 OK to leave message with detailed information  
 Leave message with call back number only

Written Communication  
 OK to mail to my home address  
 OK to mail to my work/office address  
 OK to fax to this number

Other \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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