

PATIENT RECORD OF DISCLOSURES

Please provide us with a telephone number at which you may be reached during the day in case we need to contact you regarding your daily appointment(s).

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

Written Communication
 OK to mail to my work/office address:

Cell Telephone: _____
 OK to leave message with detailed information
 Leave message with call-back number only

OK to Email to this address:

Work Telephone: _____
 OK to leave message with detailed information
 Leave message with call-back number only

OK to Fax information to this number:

Other: _____
 OK to leave message with detailed information
 Leave message with call-back number only

Optional: I authorize Hoag Hospital to discuss my treatment and care with:

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Patient Signature: _____ Date: _____ Time: _____

Print Name: _____ Date of Birth: _____

*** Please notify us if any of your information changes***

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses or 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 individual's office instead of the individual's home. The Privacy Rule generally requires healthcare 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. Healthcare entities must keep records of PHI disclosures.

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PS 1321

07/26/11



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