

Under the HIPAA privacy rule, patients have the right to request confidential communications or that a communication of protected health information (PHI) be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home. Please indicate on this form how you wish to be contacted:

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (check all that apply):

ORAL COMMUNICATION:

___ Home telephone _____
___ O.K. to leave message with detailed information.
___ Leave message with call-back number only.

___ Work telephone _____
___ O.K. to leave message with detailed information.
___ Leave message with call-back number only.

___ Other: _____

WRITTEN COMMUNICATION:

___ O.K. to mail to my home address
___ O.K. to mail to my work/office address
___ O.K. to fax this number _____
___ Other: _____

ADDITIONAL COMMUNICATION:

___ I permit the Practice to discuss my PHI with and to disclose my PHI to, the following individuals:
___ My spouse: _____
___ My adult child(ren): _____
___ My personal relative: _____
___ Other: _____

COMMENTS:

PATIENT OR GUARDIAN SIGNATURE

DATE

X _____
