OB/GYN CENTER 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 communications or that a communication of PHI be made to alternative means, such as sending correspondence to the individual's office instead of the individual's home.

that apply):	/GYN	Center permission to contact me in the following	ng manner (check an	
** **		Home Telephone #		
		O.K. to leave a message with detailed inform		
		O.K. to leave a message with other family m	embers	
		Do not leave a message		
		Work Telephone #		
		O.K. to leave a message with detailed information		
		Do not leave a message		
		Cell Phone #		
		O.K. to leave a message with detailed information		
		O.K. to leave a message with person answering		
		Do not leave a message		
		Written Communication		
		O.K. to mail to my home address		
		O.K. to mail to my work/office address		
		O.K. to fax to this number #		
		Other		
IF YOU A	RE A	MINOR:		
		O.K. to release information to parent or guardian		
		Do not release information		
Patient Signa	ture	Date		
Print name		Birthda	ıte	

NOTE: Uses and disclosures may be permitted without prior consent in an emergency.