



**PATIENT INFORMATION FORM**

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**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 by alternative 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):**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Home Telephone:</b> (    ) _____             | <input type="checkbox"/> <b>Written Communication</b>    |
| <input type="checkbox"/> O.K. to leave message with detailed information | <input type="checkbox"/> O.K. to mail to my home address |
| <input type="checkbox"/> Leave message with call-back number only        | <input type="checkbox"/> O.K. to mail to my work address |
| <input type="checkbox"/> <b>Work Telephone:</b> (    ) _____             | <input type="checkbox"/> O.K. to FAX to this # _____     |
| <input type="checkbox"/> O.K. to leave message with detailed information | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Leave message with call-back number only        |  |

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Patient Signature

\_\_\_\_\_ Birth date \_\_\_\_\_  
 Print Name

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

**Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency**

**Record of Disclosures of Protected Health Information**

Date	Disclosed To Whom/ Address or Fax#	(1)	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed	(2)	(3)

(1) Check this box if the disclosure is authorized.  
 (2) Type key: T = Treatment Records; P=Payment Information; O=Healthcare Operations; A=Authorization on File; D=Discretionary  
 (3) Enter how disclosure was made: F=Fax; P=Phone; E=email; M=Mail; O=Other