



PAREKH MEDICAL CLINIC

PATIENT RECORD OF DISCLOSURE

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 means such as sending correspondence to an address other than home.

You must INITIAL next to the acceptable means for Parekh Medical Clinic to contact you.

HOME TELEPHONE or MAIN CONTACT PHONE NUMBER - __ (____) _____

____ ok to leave message with detailed information

____ ok to leave a message with call back number only

____ ok to fax to the following number: _____

____ ok to leave a message with detailed information

____ ok to leave a message with call back number only

Written Communications:

____ ok to mail to home address provided at time of registration

____ ok to mail to work/office

____ ok to EMAIL to the following address: _____

Signature of Patient _____ Date _____

Printed Name of Patient _____ Date of Birth _____

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use of 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 by the individual. Uses and Disclosures for Lifetime Health Center may be permitted without prior consent in an emergency. Healthcare entities must keep records of PHI disclosures. Information provided below will constitute this record. Please list who we may disclose information to such as appointment times, lab results or medication information.

<u>Disclose information to</u>	<u>Address or Phone #</u>	<u>Disclose this information</u>
_____	_____	_____
_____	_____	_____

Signature of Witness: _____ Date: _____

(to be signed by Parekh Medical Clinic office Staff requesting information)