

## Patient Record of Disclosures

In general, HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of protected health information (PHI). The individual is also provided the right to request confidential communications of PHI by made by alternative means, such as sending correspondence to the individual's office instead of their home.

### I wish to be contacted in the following manner:

(check all that apply)

**Work Telephone**

- o.k. to leave message with detailed information
- leave message with call-back number only

**Home Telephone**

- o.k. to leave message with detailed information
- leave message with call-back number only

**Written Communication**

- o.k. to mail to my home address
- o.k. to mail to my work/office
- o.k. to fax to this telephone number \_\_\_\_\_

You may leave messages with, discuss my treatment, appointments or other scheduling that may occur or give other information as necessary with the following family, friends or personal representatives. I understand that Appling Rehabilitation Services will refuse to discuss my information with anyone not listed below, except in an emergency. I also understand that this content does not apply to medical providers.

**PLEASE PRINT**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_