



**Patient Contact Information/Restriction**

In general, the HIPPA 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 their home.

I wish to be contacted in the following manner (check all that applies):

- Home Telephone
  - O.K to leave a message with detailed information
  - Leave message to call back number only
- Work Telephone
  - O.K to leave a message with detailed information
  - Leave message to call back number only
- Written communication
  - O.K to mail to my home address
  - O.K to mail to my work/office address
  - O.K to fax to

Other

Please list the names of people you authorize to receive your PHI (Protected Health Information) i.e. husband/wife, parents, siblings, friend, etc. Names NOT listed will NOT be authorized to receive your PHI.

_____	_____
Print Name	Relationship
_____	_____
Print Name	Relationship
_____	_____
Print Name	Relationship

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

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