

Patient Record of Disclosures

Please review and sign the following document.

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 individuals office instead of the individual's home.

Patient Record of Disclosures

Notice of Privacy Practices: I acknowledge that I am being given a copy of the Notice of Privacy practices for the office of McCoy Medical Group, at the time I am signing this document.

<input type="checkbox"/> Home/Cell phone: _____	<input type="checkbox"/> Written communication:
<input type="checkbox"/> OK to leave message with detailed information	<input type="checkbox"/> Ok to mail to my home address
<input type="checkbox"/> Leave message with call back number ONLY	<input type="checkbox"/> Ok to mail my work/office address
<input type="checkbox"/> Work phone: _____	<input type="checkbox"/> Email: _____
<input type="checkbox"/> OK to leave message with detailed information	<input type="checkbox"/> OK to email detailed information
<input type="checkbox"/> Leave message with call back number ONLY	<input type="checkbox"/> Email stating to call the office ONLY
<input type="checkbox"/> Other: _____	

Yes, you may speak with the following people if they need to be involved in my care:

ANY member of my family

ONLY specific family members listed below:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

NO, do not speak with my family or friends about my care unless I give specific permission as a later date.

Patient Signature: _____ **Date:** _____

Note: Uses and disclosures for PHI maybe permitted without prior consent in emergencies.

Date	Disclosed to Whom (Address or Fax No.)	Authorization (Check if yes)	Description/purpose of disclosure	Signature

The Privacy Rule generally requires healthcare providers to reasonable steps to limit the use or disclosure of, and request for PHI to the minimum necessary to accomplish intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.