

PREFERRED PROFESSIONAL MEDICAL CARE, PC

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 INFORMATION. THE INDIVIDUAL IS ALSO PROVIDED THE RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS OR THAT COMMUNICATION CAN BE MADE BY ALTERNATIVE MEANS.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER

HOME PHONE _____

WRITTEN COMMUNICATION _____

OK TO LEAVE A VERBAL MESSAGE _____

LEAVE MESSAGE WITH CALL BACK NUMBER _____

MAY FAX TO THE FOLLOWING NUMBER _____

YOU MAY SHARE MY MEDICAL INFORMATION AND TEST RESULTS WITH THE FOLLOWING:

_____ PHONE _____

_____ PHONE _____

PATIENT SIGNATURE _____ DATE _____