



Patient Name: _____

DOB: ____/____/____

PATIENT AUTHORIZATION FOR COMMUNICATION OF PROTECTED HEALTH INFORMATION

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected right to request confidential communications or that a communication of PHI be made by alternate means, such as sending correspondence to the individual's office instead of the individual's home.

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

Home Telephone (____) _____

- OK to leave message with detailed information
- Leave message with call-back number only
- OK to leave detailed message on answering machine

Written Communication

- OK to mail to my home address
- OK to mail to my work address
- OK to fax to this number

Work Telephone (____) _____

- OK to leave message with detailed information
- Leave message with call-back number only
- OK to leave detailed message on answering machine

Other (specify)

Signature: _____

(patient, parent or guardian)

Date: _____

Print Name: _____

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 of disclosure made pursuant to an authorization requested by the individual.

Healthcare entities must keep records of PHI disclosures.

Note: Uses and disclosures for treatment, payment or healthcare operations may be permitted without prior consent in an emergency.