

# TIC HEALTHCARE™ COMPANIES

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## Patient Record of Disclosure

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

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

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

### Home Telephone:

- \_\_\_\_\_ OK to leave message with details  
 \_\_\_\_\_ Leave message with call back number only

### Written Communication:

- \_\_\_\_\_ OK to mail to home address  
 \_\_\_\_\_ OK to mail to work address  
 \_\_\_\_\_ OK to fax to this number:  
 \_\_\_\_\_

### Work Telephone:

- \_\_\_\_\_ OK to leave message with details  
 \_\_\_\_\_ Leave message with call back number only

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of PHI to the minimum necessary to accomplish the 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 serve as adequate record.

### Record of Disclosures of Protected Health Information

(For Office Use Only)

Date	Disclosed to Whom (Address and/or Fax)	Purpose of Disclosure	By Whom	Miscellaneous Comments