

## 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):

Cell Phone ( ) \_\_\_\_\_  
 O.K. to leave messages with detailed information  
 Leave message with call back number only

Home Telephone ( ) \_\_\_\_\_  
 O.K. to leave messages with detailed information  
 Leave message with call back number only

Work Telephone ( ) \_\_\_\_\_  
 O.K. to leave message with detailed information  
 Leave message with call back number only

Written Communication  
 O.K. to fax ( ) \_\_\_\_\_

Other \_\_\_\_\_

**\*APPOINTMENT CONFIRMATION WILL BE MADE TO HOME NUMBER\***

I hereby consent to the release of Protected Health Information to the following individuals. I understand this authorization will be in effect until it is revoked. I acknowledge receipt of the Notice of Privacy Practices.

Name	Relationship
_____	_____
_____	_____

_____	_____
Patient Signature	Date

_____	_____
Print Name	Date of Birth