

HIPAA

Under the federal HIPAA Law, you have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information.

I wish to be contacted in the following manner (check all that are appropriate)

- Home Telephone _____
- OK to leave message with detailed information
 - Leave message with call back number only
- Cell Phone _____
- OK to leave message with detailed information
 - Leave message with call back number only
- Work Telephone _____
- OK to leave message with detailed information
 - Leave message with call back number only
- Written Communication
- OK to mail to my home address
 - OK to mail to my work/office
 - OK to fax to this number _____
- OK to disclose information to: _____
(Specify family member, spouse or significant other's name)

Patient Signature

Date

Print Name