**PATIENT DISCLOSURE INSTRUCTIONS**

**In general, the HIPAA 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 the individual's home.**

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

__ Home Telephone_____
- __ Ok to leave message with detailed information
- __ Leave message with call-back number only

__ Written Communication
- __ Ok to mail my home address
- __ OK to mail my work/office address
- __ Ok to fax to number indicated
- __ Ok to text to cell phone

__ Work telephone_____

__ Other (Fax/Cell, etc.)_____
_____

I allow you to give my clinical information to or answer questions from (check all that applies):

__ Spouse
__ Parent
__ Child
__ Other (specify):_____
__ None

_____ _____
Patients Signature Patients Birth Date

_____ _____
Parents Name (if patient is under 18) Date