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PATIENT RECORD of DISCLOSURE

In general, the HIPAA privacy rules give 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 means such as sending correspondence to an address other than home.

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

Home Telephone:

Work Telephone:

□ OK to leave detailed message

- □ leave message with call back number **only**.
- \Box OK to fax to this number:

- OK to leave detailed message
 leave message with call back number only.
- \Box OK to email to this address:

Written Communications:

OK to mail home addressOK to mail work/office address

Print Name of PATIENT

Signature of Parent/Guardian

Date of Birth of **PATIENT**

Date

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization request by the individual. Healthcare entities must keep records of PHI disclosures.