

NINJ PATIENT RECORD OF DISCLOSURES

In general the HIPPA Privacy rule gives individuals the right to request a restriction on uses and disclosures of their private 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 individual's office instead of the individual's house.

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

☐ Home Telephone ☐ Written Communication					
☐ O.K. to leave message with detailed information ☐ Leave message with call-back number only	 □ O.K. to mail to mail to my home address □ O.K to mail to my work/office address □ O.K to fax to this number 				
☐ Work Telephone					
☐ O.K. to leave message with detailed information ☐ Leave message with call-back number only	☐ Other				
Patient Signature	Date				
Print Name	Birthdate				
The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of and request for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosure made pursuant to an authorization requested by the individual.					
Healthcare entities must keep records of PHI disclosures information provided below. If completed properly, will constitute an adequate record.					
Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency.					

Record of Disclosures of Protected Health Information

Date	Disclosed To Whom Address of Fax Number	(1.)	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed	(2.)	(3.)
Date						
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- 1 Check this box if the disclosure is authorized
- 2. Write in box: T= Treatment records P= Payment Information
- 3. Enter how disclosure was made: F= Fax P=Phone E=Email M=Mail O=Other