

Authorization to communicate protected health information

In general, the HIPAA privacy policy rule gives the individuals the right to request restrictions on uses and disclosures of health information (PHI). The individual is also provided the right to request confidential communications of PHI be made by alternative means.

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

- Home telephone: _____
 - Okay to leave message with detailed information
 - Leave message with call back number only

- Other telephone: _____
 - Okay to leave message with detailed information
 - Leave message with call back number only

- Written communication
 - Okay to mail to my home address

- Okay to discuss personal health information with:

This authorization will be ongoing, but can be amended or revoked at any time by signing a new authorization form.

Patient signature

Date

Print name

Date of Birth

