

**OB/GYN CENTER
PATIENT RECORD OF DISCLOSURES**

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 to alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I give the OB/GYN Center permission to contact me in the following manner (check all that apply):

- Home Telephone #** _____
- O.K. to leave a message with detailed information
- O.K. to leave a message with other family members
- Do not leave a message

- Work Telephone #** _____
- O.K. to leave a message with detailed information
- Do not leave a message

- Cell Phone #** _____
- O.K. to leave a message with detailed information
- O.K. to leave a message with person answering
- Do not leave a message

- Written Communication**
- O.K. to mail to my home address
- O.K. to mail to my work/office address
- O.K. to fax to this number # _____

- Other** _____

IF YOU ARE A MINOR:

- O.K. to release information to parent or guardian
- Do not release information

Patient Signature

Date

Print name

Birthdate

NOTE: Uses and disclosures may be permitted without prior consent in an emergency.