



7300 SW 93rd Ave Suite 200
 Miami, Fl. 33173
 Phone: 305 971-0510 Fax: 305 663-5929

Patient Record of Disclosure

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 means such as sending correspondence to an address other than 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
- OK to fax to this number _____

Written Communications:

- OK to mail home address
- OK to mail work/office

Work Telephone:

- OK to leave message with detailed information
- Leave message with call back number only

Other:

- OK to email to this address:

 Signature

 Date

 Print Name

 Birth 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.

Uses and Disclosures for Lifetime Health center may be permitted without prior consent in an emergency. Healthcare entities must keep records of PHI disclosures. Information provided below will constitute this record. Please list who we may disclose information to such as appointment times, lab results or medication information.

Disclose information to:	Address or Phone #:	Disclose this information