



ArborGate Associates, Inc.

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of Personal 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 the individual's office instead of the home.

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

- Home Phone _____ Written Communication _____
 - O.K. to leave message with detailed information
 - Leave message with call-back number only
- Work Phone _____ Cell Phone _____
 - O.K. to mail to my home address
 - O.K. to mail to my work/office address
 - O.K. to fax to this number _____
- O.K. to leave message with detailed information
- Leave message with call-back number only

Other _____

Patient /Parent(Guardian) Signature Print Name Relationship to Client Date

This policy will remain in effect until revoked in writing by authorized party.

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure requests for *PHI* to the minimum necessary to accomplish the intended purpose. These provisions do not apply to use 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 be considered adequate record

NOTE: Uses and disclosure of PHI may be permitted without authorization in special situations, i.e. required by law, emergency.

Record of Disclosures of Protected Health Information

Date	Disclosed to Whom: Address or Fax Number	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed	Position/ Title