

VISION SOURCE
 3335 W CRAIG ROAD, SUITE A
 NORTH LAS VEGAS, NEVADA 89032
 702-647-4798

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

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

- **Cell Phone** _____ **HomePhone** _____
 YES NO OK to leave message with detailed information
 YES NO OK to leave message with call back number only
- **Work Telephone** _____
 YES NO OK to leave message with detailed information
 YES NO OK to leave message with call back number only
- **Written Communication**
 YES NO OK to mail to my home address
 YES NO OK to mail to my work/ office
 OK to fax to this number _____
- **Email**
 OK to send to this email address _____
- **Other** _____

 Patient Name _____
Patient Signature

 Date _____
Birthdate

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 purposes. These provisions do not apply to uses or disclosures 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 of TPO may be permitted without prior consent in an emergency.

<u>Date</u>	<u>Disclosed To Whom</u>	<u>Authorized?</u>	<u>Description</u>	<u>By Whom Disclosed</u>	<u>Type</u>	<u>How Disclosed</u>

Type Key: T= Treatment Records P= Payment Information O= Healthcare Operations
 How Disclosed: F= Fax P= Phone E= Email M= Mail O= Other