



PATIENT RECORD OF DISCLOSURES

Child's Name _____ Birthdate _____

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.

Dear Parent,

In order to improve our front office service to our families, we are asking for your assistance. Please complete the section below and return.

If your contact number(s) should change, please notify us immediately.

Thank You

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

Home Phone Mom _____ Dad _____

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

Written Communication _____

- OK to mail to my home address
- OK to mail to my work/office address
- OK to fax to this number
- Other caregivers names _____

Work Phone Mom _____ Dad _____

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

Email _____

Cell Phone Mom _____ Dad _____

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

In case of emergency or our need to cancel or reschedule appointments, which number above do you prefer us to reach you on?

Home Phone _____ Work Phone _____ Cell Phone _____

Print Mother/Guardian Name

Print Father/Guardian Name

Parent/Guardian Signature

Date