

PATIENT RECORD OF DISCLOSURES

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of protected health information (PHI). The individual is, also, provided the right to request confidential communications of PHI to be made by alternative means, such as, sending correspondence to the individual's office instead of their home or allowing messages to be left on their home answering machine.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (CHECK ALL THAT APPLY):

Home Telephone: _____

Written Communication

O.K. to leave detailed message

O.K. to mail to my home address

Leave message with call back number only

O.K. to mail to my work/office

O.K. to fax to number listed below

Work Telephone: _____

O.K. to leave detailed message on voice mail
or with _____

Leave message with call back number only

You may leave messages with, discuss my treatment, appointments, insurance coverage, and/or give information as necessary with the following family members, friends or personal representatives. I understand that Savannah Vascular Surgery will refuse to discuss my information with anyone not listed below, except in an emergency. I understand that this disclosure does not apply to Medical Providers. I may edit this list at anytime by providing any changes in writing to the practice. I understand that it is my responsibility to inform the office of any/all contact changes.

PLEASE PRINT:

1. _____

3. _____

2. _____

4. _____

Patient's Signature

Date

Please Print Name

Witness

Date