OB/GYN CENTER
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 to alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I give the OB/GYN Center permission to contact me in the following manner (check all that apply):

- ☐ **Home Telephone #** _____
- ☐ O.K. to leave a message with detailed information
- ☐ O.K. to leave a message with other family members
- ☐ Do not leave a message

- ☐ **Work Telephone #** _____
- ☐ O.K. to leave a message with detailed information
- ☐ Do not leave a message

- ☐ **Cell Phone #** _____
- ☐ O.K. to leave a message with detailed information
- ☐ O.K. to leave a message with person answering
- ☐ Do not leave a message

- ☐ **Written Communication**
- ☐ O.K. to mail to my home address
- ☐ O.K. to mail to my work/office address
- ☐ O.K. to fax to this number #_____

- ☐ **Other**_____

IF YOU ARE A MINOR:

- ☐ O.K. to release information to parent or guardian
- ☐ Do not release information

_____ _____
Patient Signature Date

_____ _____
Print name Birthdate

NOTE: Uses and disclosures may be permitted without prior consent in an emergency.