



**Eagle's Landing Family Practice, Inc.  
Patient Record of Disclosures**

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):**

- Home Telephone** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  - Permission to leave message with detailed information
  - Permission to leave message with call-back number only

- Written Communication**
  - Permission to mail to my home address
  - Permission to mail to my work/office address
  - Permission to fax to this number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- Work Telephone** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  - Permission to leave message with detailed information
  - Permission to leave message with call-back number only

- Other** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Patient/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests the minimum necessary PHI to accomplish the intended purpose. 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 will constitute an adequate record.

Note: Uses and disclosures for treatment records, payment information and healthcare operations may be permitted without prior consent in an emergency situation.

Date	Disclosed to Whom Address or Fax #	Description of Disclosure/Purpose	By Whom Disclosed	{1}	{2}

{1} Type Key: **T** = Treatment Records **P** = Payment Information **O** = Healthcare Operations  
{2} Enter how disclosure was made: **F** = Fax **P** = Phone **E** = Email **M** = Mail **O** = Other