

such as sending correspondence to the individual's office instead of the individual's home.



In general, the HIPAA 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 is made by alternative means,

Pacific Plastic Surgery

PATIENT RECORD OF DISCLOSURES

Date:

I wish to be contacted in the followi	ng manner (check all that apply	r):	
O Home Telephone	OK to leav	ve message with detailed information 🗌 Le	ave message with call back number only
 Cell Phone OK to leave message with detailed information Leave message with call back number Work Telephone OK to leave message with detailed information Leave message with call back number 			iessage with call back number only
			ave message with call back number only
· ·	-	☐ OK to mail to my work/office address ☐	
() Other			
Please	give those listed below acce	ess to my protected health informati	on (PHI)
Name		Relationship	Contact number
Name		Relationship	Contact number
by the individual.	ds of PHI disclosures, informatio	not apply to uses or disclosures made pursu on provided below, if completed properly, w ent in emergency.	
	u	the Medical Board of California. Medical B understand that the Phsicians are licensed t	0
I acknowledge that I have seen the and I agree with the terms and con		ed to see a copy dated:	
(Signature of Patient	or responsible party)	Printed Name	Date