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 by alternative means such as sending correspondence to the individuals office instead of the individuals home.

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

☐ Home Telephone_____

☐ O.K. to leave message with detailed information

☐ Leave message with call back number only

☐ Work Telephone_____

☐ O.K. to leave message with detailed information

☐ Leave message with call back number only

☐ 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 _____

_____

_____ _____

Signature - Patient or Parent if Patient is under 18 Date

_____ _____

Patient Name Birthdate

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of and requests for *PHI* to the minimum necessary 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, if completed properly, will constitute an adequate record.

Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency.

Date	Disclosed To Whom Address or fax number	Description of Disclosure/ Purpose of Disclosure	By Whom Disclosed

ACKOWLEDGEMENT OF RECEIPT
Of Privacy Practices

I acknowledge that I received a copy of Privacy Practices from:

DR. MARC T. BABIN
Optometrist
2625 Old Denton Rd., Suite 422
Carrollton, Texas 75007

_____ _____

Signature - Patient or Parent if Patient is under 18 Date