



HIGH MOUNTAIN HEALTH, P.A. Patient Record of Disclosure

In general, the HIPPA 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 is made by alternative means, such as sending correspondence to the individual's work or cell phone instead of the individual's home.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER
(Please check all that apply)

Home Phone: _____
 It is okay to leave message with detailed medical information
 It is NOT okay to leave a detailed message. Leave a call-back number only

Cell Phone: _____
 It is okay to leave message with detailed medical information
 It is NOT okay to leave a detailed message. Leave a call-back number only

Work Phone: _____
 It is okay to leave message with detailed medical information
 It is NOT okay to leave a detailed message. Leave a call-back number only

Emergency Contact: Name: _____

Phone number: _____ Relationship: _____

Patient's Signature

Date

Print Name

Birthdate