

**HIPAA:** In general, the HIPAA rule gives you 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 office instead of the individual's home.

## PLEASE READ ALL INFORMATION CAREFULLY

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

| Home Telephone    |  | Written Communication  |
|-------------------|--|--|
|                   | OK to leave message with detailed information Leave message with call back information ONLY                  | <ul> <li>□ OK to mail to my home address</li> <li>□ OK to mail to my work/office address</li> <li>□ OK to fax to</li> <li>Email address</li> </ul> |
| Work Telephone    |  | Cell Phone   |
|                   | OK to leave message with detailed information Leave message with call back information ONLY                  | <ul> <li>OK to leave message with detailed information</li> <li>Leave message with call back information ONLY</li> </ul>                           |
|                   | Your PHI <u>CAN BE RELEA</u><br>Please list only fami  | ASED to the following family/friends ly or friends, NOT physicians   |
| Privac            | constitutes acceptance of the pack my specific medical information, I r  I was offered a copy of the Privacy | Practice from Gastro Health but declined it.   |
|                   | The patient was offered the Privacy declined/accepted but refused to s                                       | y Practice from Gastro Health; they sign because:  |
| Patient Signature |  | Date   |
| Print Na          | ame  | Birth Date   |

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.