



# ST. JOHN WEIGHT LOSS CENTER

## 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 may 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:** \_\_\_\_\_
  - Leave message with detailed information
  - Leave message with call back number only
  - Please speak with \_\_\_\_\_ about my medical care/bills
  
- Work Telephone:** \_\_\_\_\_
  - Leave message with detailed information
  - Leave message with call back number only
  
- Written Communications**
  - Mail to my home address
  - Fax to this number: \_\_\_\_\_
  - E-mail to this address:** \_\_\_\_\_

Communicating via e-mail during your work-up for surgery is very helpful to our office. We spend a lot of time on the phone with insurance companies and assisting the surgeons with patient appointments making it hard to call our patients to provide updates.

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

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of 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.

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