

Texas Healthcare Neck & Back Clinics, P.A.

PATIENT RECORD OF DISCLOSURES

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 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):

- Cell phone: _____ Cell phone carrier: _____
- O.K. to leave a message with detailed information
 - Leave message with call-back number only
 - O.K. to send a text message for appointment reminders
- Any fees or charges for receiving calls or text messages from the clinic are the patient's responsibility.*
- Home phone: _____
- O.K. to leave a message with detailed information
 - Leave message with call-back number only
- Work phone: _____
- O.K. to leave a 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 e-mail to this e-mail address: _____
 - O.K. to fax to this number: _____

Information may be disclosed to:

Name of Person:

Relationship to You:

Patient Name (Print)

Date

Patient Signature