

# PATIENT RECORD OF DISCLOSURE

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosure of their dental information (PHI). The Individuals 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) :

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 home address
- O.K. to mail to my work/office address
- O.K. to fax to this number \_\_\_\_\_

I give to following person(s) the right to receive my Dental information until I revoke their rights:  
(Print Name and Date of Birth)

<b>Patient Signature</b>	<b>Print Name</b>
	<b>Date</b>

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and request for PHI to minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization by the individual.

Healthcare entities must keep record of (PHI) disclosures. Information provided below, if completed properly, will constitute an adequate record.

\* **Records of Disclosures of Protected Dental Information**

DATE	DISCLOSED TO	(1)	PURPOSE	SENT BY	(2)	(3)

- (1) Check this box if disclosure is authorized
- (2) Type Key: T-Treatment Records, P-Payment info, O- Dental operations
- (3) Enter How disclosure was made: F-Fax, P-Phone, E-mail, O-Other