INSTITUTE OF DIABETES & ENDOCRINOLOGY, PC

221 STEWART AVENUE, SUITE 101, MEDFORD OREGON, 97501 Phone: 1-541-776-2003 Fax: 1-541-776-9833

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):

| ☐ Home Telephone: | | Written Com | ☐ Written Communication | |
|--|---|--|--|--|
| O.K. to leave message with detailed information Leave message with call-back number only | | formation O.K. to ma O.K. to ma O.K. to fax | O.K. to mail to my home to my home address O.K. to mail to my work/office address O.K. to fax to this number | |
| ☐ Worl | k Telephone: : | | | |
| O.K. to leave message with detailed information Leave message with call-back number only | | formation | Other Friends/Family | |
| | Patient Signature | | Date | |
| Print Name | | | Birthdate | |
| Health care ent constitute an ac | Uses and disclosures for TPO may | ion requested by the individua osures. Information provided be | l. elow, if completed properly will nsent in an emergency. | |
| Date | e Disclosed to whom Description of Disclosure/ Address/Fax Number Purpose of Disclosure | | By Whom Disclosed | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |