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## 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 is made by alternative means, such as sending correspondence to the individual's work or cell phone instead of the individual's home.

### I WISH TO BE CONTACTED IN THE FOLLOWING ORDER AND MANNER

(Please # in the order which you would like to receive phone calls and check one of the 2 options that apply regarding detailed messages)

ORDER: HOME PHONE: \_\_\_\_\_

- YES leave messages on my home phone with detailed medical information.
- DO NOT leave a detailed message on my home phone, leave the call-back number only.

ORDER: CELL PHONE: \_\_\_\_\_

- YES leave messages on my cell phone with detailed medical information.
- DO NOT leave a detailed message on my cell phone, leave the call-back number only.

ORDER: WORKPHONE: \_\_\_\_\_

- YES leave messages on my work phone with detailed medical information.
- DO NOT leave a detailed message on my work phone, leave the call-back number only.

What is your preferred method to receive appointment reminders?

- HOME PHONE
- CELL PHONE
- WORK PHONE
- MAIL
- EMAIL Address: \_\_\_\_\_

In addition Allied Medical Associates may discuss all of my medical information regarding assessment, diagnosis and treatment of my condition, concerns or disease with the following:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Print Name

Patient/Guardian signature

Date