

Patient Record of Disclosures

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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 be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home. Be advised that completing preliminary health and insurance questionnaires does not establish a physician-patient relationship with this practice. An initial evaluation is required to determine whether you are a suitable candidate and whether the practice will accept you as a patient.

I wish to be contacted in the following manner (Please check ONE of the boxes below.)

Cell phone _____

- Leave message with detailed information
- Leave message with call back number only

Written Communication

- Mail To My Home Address
- Mail to my work/office address
- FAX to this number _____

Home phone _____

- Leave message with detailed information
- Leave message with call back number only

Other

Permission to disclose information form (Please check ONE of the boxes below.)

I allow Piedmont Plastic Surgery & Dermatology to discuss my medical information with:

_____ relationship _____
 _____ relationship _____
 _____ relationship _____

I request that my medical information not be shared with anyone other than another medical provider or a pharmacy.

By signing this document, I agree to all of the above

Patient Signature _____ Date _____
(If patient is under 18 years of age, a parent or legal guardian must sign.)

Print Name _____ Patient's Birthdate _____
(If patient is under 18 years of age, a parent or legal guardian must sign.)

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to the uses or disclosures made pursuant to an authorization requested by an individual. Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency.

Record of Disclosures of Protected Health Information

| Date | Disclosed To Whom Address or Fax Number | 1 | Description of Disclosure/ Purpose of Disclosure | By Whom Disclosed | 2 | 3 |
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1: Check box if the disclosure is authorized. 2: Type key: T=Treatment Records; P=Payment Information; O=Healthcare Operations; A=Authorization on File; D=Discretionary
 3: Enter how disclosure was made: F=Fax; P=Phone; E=Email; M=Mail; O=Other