

How would you like us to contact you?

Patient's rights of disclosure: In general, the HIPPA privacy rule gives individuals the right to request restrictions on uses and disclosures of health information. The individual is also provided the right to request confidential communications of health information made by alternative means.

Please check off the appropriate mode of communication for your detailed medical information, and circle which mode is the best way to reach you.

I _____ (patient's first and last name) wish to be contacted in the following manner:

(Please circle preferential method of contact)

- **HOME Telephone #** _____
_____ OK to leave a detailed message
_____ Leave message with call back number only

- **CELL PHONE Telephone #** _____
_____ OK to leave a detailed message
_____ Leave message with call back number only

- **WORK Telephone #** _____
_____ OK to leave a detailed message
_____ Leave message with call back number only

- **WRITTEN COMMUNICATION**
_____ OK to mail home
_____ OK to fax to home FAX # _____
_____ OK to fax to work FAX # _____

List all persons in your household who, in your absence, may make requests on your behalf, and with whom we may speak to regarding your medical information.

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____

Patient Signature

Date