

## 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*