

PASO DEL NORTE NEPHROLOGY PATIENT RECORD OF DISCLOSURE

Name	<input type="checkbox"/> Male	D.O.B.
	<input type="checkbox"/> Female	

Record of Disclosures of Protected Health Information

In general the HIPAA (Health Insurance Portability and Accountability Act) privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provide the right to request confidential communications or that a communication of PHI be made my alternative means such as sending correspondence to the individuals office instead of the individuals home.

The privacy rule generally requires health care providers to take reasonable steps to limit the use or disclosure of, and request for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

I wish to be contacted in the following manner (check all that apply):

Home Telephone: _____

Ok to leave message with detailed information

Leave message with call back number

Written Communication:

Ok to mail to my home address

Ok to mail my work/office address

Ok to fax to this number

Work Telephone: _____

Ok to leave message with detailed information

Leave message with call back number only

Acknowledgements of Receipt of Notice of Privacy Practices

I have been presented with a copy of the Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my health information.

PATIENT SIGNATURE

DATE

PRINTED NAME

BIRTHDATE

RECORD OF DISCLOSURE OF PROTECTED HEALTH INFORMATION

List names of persons authorized to receive protected health information about patient:

Name	Relationship	Date	Initials
1.			
2.			
3.			
4.			
5.			

****If patient refuses to sign acknowledgement, please document date and time notice was presented and sign below.****

Presented on: Date _____ Time: _____

Signature _____