** Facaros Foot and Ankle** Patient Record of Disclosure

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosure of their **protected health information (PHI).** The individual is provided the right to request confidential communication or with any communication of PHI be made by alternative means, such as sending correspondence to the individual’s office or home.

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

Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Written/Mail Communication\_\_\_\_\_

Cell Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_O.K. to leave message with detailed information \_\_O.K. to mail to my home

\_\_Leave message with call-back number only \_\_O.K. to mail to my work/office

I authorize that my PHI may be released to the following individuals (relationship with them): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

It is the policy of this practice to protect the personal health information of every patient. The health and billing records we maintain are the physical property of the practice. The information in it however belongs to you. With your consent, the practice is permitted by the federal privacy laws to make uses and disclosure of your health information for purposes of treatment, payment, and healthcare operations.

YOUR RIGHTS REGARDING YOUR PHI:

* RIGHT TO RECEIVE A COPY OF NOTICE OF PRIVARY PRACTICES
* RIGHT TO EXPECT THAT YOUR PHI REMAINS PRIVATE
* RIGHT TO REQUEST RESTRICTION OF USAGE AND DISCLOSURE OF PHI
* RIGHT TO REQUEST ACCESS TO YOUR PHIP
* RIGHT TO REQUEST YOUR PHI BE AMMENDED

**I have read and understand the above information.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Patient/Legal Guardian Signature) Date

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to users or disclosures made pursuant to an authorization requested by the individual. Health entities must keep records of PHI disclosures.