

ALLIANCE DIGESTIVE DISEASE CONSULTANTS
MEDICAL GROUP

GASTROENTEROLOGY & LIVER DISEASE

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Patient Record Of Disclosures

In general, the HIPPA privacy rule gives individuals the right to request restrictions on uses and disclosures of their Protected Health Information (PHI). The individual is also provided the right to request confidential communications of PHI is made alternative means, such as sending correspondence to the individual's office instead of the individual's home.

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

____ Home telephone number _____

____ OK to leave message with detailed information

____ Leave a message with call back number only

____ Work telephone number _____

____ OK to leave message with detailed information

Written Communication:

____ OK to mail to home address

____ OK to mail to work address

____ OK to fax to this number _____

____ You may discuss my medical condition with: _____

Patient's Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____