



Lendermon
sports medicine

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PATIENT RECORD OF DISCLOSURES

In general, the HIPPA privacy rules give individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of their home.

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

- | | |
|--|--|
| <input type="checkbox"/> Home Telephone: _____ | <input type="checkbox"/> Written Communication |
| <input type="checkbox"/> OK to leave message with detail information | <input type="checkbox"/> OK to mail to home address |
| <input type="checkbox"/> Leave message with call-back number | <input type="checkbox"/> OK to mail to work/office |
| | |
| <input type="checkbox"/> Work Telephone: _____ | <input type="checkbox"/> OK to leave a message to remind for future appointments |
| <input type="checkbox"/> OK to leave message with detail information | <input type="checkbox"/> Home <input type="checkbox"/> Work |
| <input type="checkbox"/> Leave message with call-back number | <input type="checkbox"/> Other number _____ |

I hereby authorize this office to release information regarding my protected health information to include account status, test results, and scheduled appointments and information regarding my health care to the persons listed below:

Any person who is not listed above will not be able to obtain any information whatsoever. You do not need to list other physicians or insurance companies.

Patient Signature

Date