

# University Reproductive Associates, P.C.

## Patient Record of Disclosures

In general, the HIPAA privacy rule gives 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 the individual's home.

In order to provide accurate medical treatment we will need to contact you with instructions. Please provide two telephone numbers where we can speak with you or leave a detailed message for you.

Home ( \_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_ ) \_\_\_\_\_

Cell ( \_\_\_\_ ) \_\_\_\_\_ Other ( \_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Birth date

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests 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. Healthcare entities must keep records of PHI disclosures. Information provided, if completed properly, will constitute an adequate record.

*Note: Uses and disclosures for TPO may be permitted without prior consent in an emergency.*

Please list names and numbers of any immediate family member to which you are allowing us to discuss medical conditions with.

Name

Telephone #

Relationship to Patient

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_