

Patient ID # : _____

Patient Contact Protocol

In general, the HIPPA 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 correspondences to the individuals office instead of the individual's home.

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

- Home Telephone:** _____
 - O.K. to leave message with detailed information
 - Leave message with call back number only
 - O.K. to talk to Spouse and leave detailed information

- Work Telephone:** _____
 - O.K. to leave message with detailed information
 - Leave message with call back number only

- Written Communication**
 - O.K. to mail information to home address
 - O.K. to e-mail (must provide e-mail address): _____

- Other:** _____

Patient or Guardian Signature

Date

Print Name/Relationship

Birthdate of Patient