

**Patient Name:** \_\_\_\_\_

**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
  
- Other Telephone: (work or cell)** \_\_\_\_\_
  - 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