

Board Certified Physical Medicine & Rehabilitation, Board Certified Pain Medicine
EMG/NCV's, IME's, Interventional Pain, Non-Surgical Spine, Sport, Shoulders, Hips, Knees & more
Hours by Appointment

Thomas Medical Center 27961 US Highway 98 Suite 11-A Daphne, AL 36526 Phone: 251-626-0901 Fax: 251-626-0902

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA Privacy Rule gives patients the right to request a restriction on uses and disclosures of their protected health information (PHI). The patient 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 to the individual's home.

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

- Home Telephone (____) _____
- Okay to leave message with detailed information Leave message with call-back number only
- Work Telephone (____) _____
- Okay to leave a message with detail information Leave message with call back number only
- Written Communication
 - Okay to mail to my home address
 - Okay to mail to my work address

- Okay to fax to this number (____) _____
- Please mail to this different address:

- Prescriptions
 - Okay to fax to my Pharmacy _____

Pharmacy Telephone (____) _____

- Other _____

- Yes: Please send me marketing information No: Do not send me marketing information

This office will take reasonable steps to limit the use or disclosure of, and request for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made in response to an authorization for release of information requested by the patient. This office will keep an electronic record of PHI disclosures in the patient's account.

Note: Uses and disclosures for Treatment, Payment or Operations (TPO) may be permitted without prior consent in an emergency

Patient Signature: _____ Date: _____

Print Name: _____