



Patient Record of Disclosures

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 is made by alternative means.

Information Disclosure Permissions:

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 callback number only
- Work telephone: _____
 - Okay to leave message with detailed information
 - Leave message with callback number only
- Written communication:
 - Okay to mail to my home address: _____
 - Okay to mail to work/office address: _____
 - Okay to fax with detailed information to: _____
- Other: _____

Person(s) to whom information may be disclosed:

1. Name: _____ / Relationship: _____
2. Name: _____ / Relationship: _____
3. Name: _____ / Relationship: _____
4. Name: _____ / Relationship: _____

Information covered by this authorization includes all medical records, billing information or PHI collected by Surgeon Surgery Center & Cimarron Surgery Center by certified mail (the revocation will be effective only upon receipt), and (ii) that I understand that once the information is disclosed, it may no longer be protected by the federal privacy law.

_____/_____
Patient Signature / Date

_____/_____
Witness Signature / Date