

COBBLESTONE CHIROPRACTIC & WELLNESS

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.

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

- | | |
|--|--|
| <input type="checkbox"/> Home Telephone _____
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only

<input type="checkbox"/> Work Telephone _____
<input type="checkbox"/> O.K. to leave message with detailed information
<input type="checkbox"/> Leave message with call-back number only | <input type="checkbox"/> Written Communication
<input type="checkbox"/> O.K. to mail my home address
<input type="checkbox"/> O.K. to mail my work address
<input type="checkbox"/> O.K. to fax to this number _____

<input type="checkbox"/> Other _____
_____ |
|--|--|

Patient Signature

Date

Print Name

Birthdate

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use of 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.

Health care entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

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

Record of Disclosures of Protected Health Information

Date	Disclosed to Whom Address or Fax #	(1)	Description / Purpose of Disclosure	By Whom Disclosed	(2)	(3)

(1) Check this box if the disclosure is authorized

(2) Type key: T= Treatment Records P= Payment Information O= Healthcare Operations

(3) Enter how disclosure was made: F= Fax; P= Phone; E= Email; O= Other

Receipt of Notice of Privacy Practices Written Acknowledgement Form

COBBLESTONE CHIROPRACTIC & WELLNESS.

I, _____ have read a copy of Cobblestone Chiropractic & Wellness' Notice
Patient Name
 Of Patient Privacy Practices.

Signature of Patient of

Date