

PATIENT RECORD OF DISCLOSURES

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of and requests for personal history information 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.

Healthcare entities must keep records of personal history information disclosures. Information provided below, if completed properly, will constitute an adequate record.

NOTE: Uses and disclosures for treatment purpose only may be permitted without prior consent in an emergency.

*I read and acknowledge the above information. _____
Initial

I. I wish to be contacted in the following manner (check more than one, if apply):

Home Telephone Work Telephone Cell Phone

Please provide this designate contact phone number: _____

O.K. to leave message with detailed information Leave message with call back number only

II. Written Communication

O.K. to mail to home address listed on my personal information form. If it is different, please provide:

O.K. to fax to this number _____

O.K. to communicate with e-mail

My e-mail address is _____

About e-mail: Unencrypted email is not a secure form of communication. There is risk that any individually identifiable health information and other sensitive or confidential information contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties.

III. Using case history, intra-oral photographs, treatment, X-rays, CBCT (cone beam computed tomography) with *exclusion of personal identity information*, etc. name, address, for teaching and education purpose only:

I authorize

I do not authorize

Patient Signature

Date

Print Name