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PATIENT RECORD OF DISCLOSURE

In General, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individuals home.

I wish to be contacted I the following manner:

Enter information & Check all that apply

Home Telephone		
OK to leave message with detailed information		
Leave message with call –back number only		
Cell Phone		
OK to leave message with detailed information		
Leave message with call back number only		
Work Telephone		
OK to leave message with detailed information		
Leave message with call back number only		
Written Communication		
OK to mail to my home address		
Ok to mail to my work / office address		
Ok to fax and or to email address		

Contact names / Phone Numbers (who we can release medical information to) *Please print clearly*

1) _____
Name Telephone Relationship

2) _____
Name Telephone Relationship